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COUNTY BOROUGH OF WEST HARTLEPOOL



ANNUAL REPORT

UPON THE HEALTH OF
WEST HARTLEPOOL
FOR THE YEAR 1952

JOHN W. McKEGGIE
M.B., Ch.B., D.P.H.
MEDICAL OFFICER OF HEALTH
SCHOOL MEDICAL OFFICER

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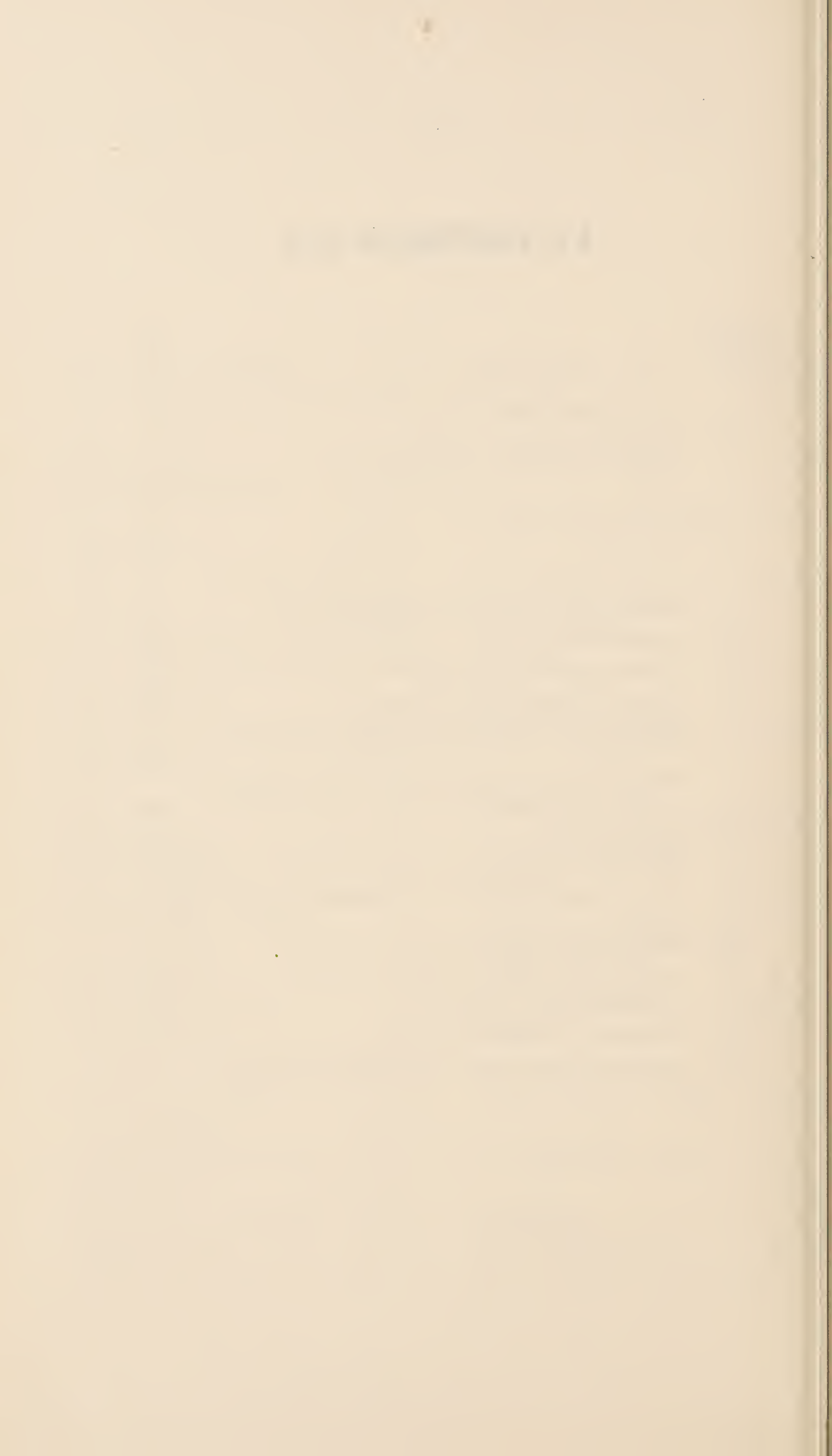
MEDICAL OFFICER OF HEALTH
SCHOOL MEDICAL OFFICER

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REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1952

PUBLIC HEALTH DEPARTMENT,

VICTORIA ROAD,

WEST HARTLEPOOL,

AUGUST, 1953.

*To the Mayor, Aldermen and Councillors of the
County Borough of West Hartlepool.*

I have the honour to present my twenty-third Annual Report on the health and sanitary circumstances of the County Borough of West Hartlepool for the year, 1952.

The vital statistics show little variation from last year. There is a slight increase in the Birth Rate, a slight reduction in the Death Rate, and the Infantile Mortality Rate shows an increase over last year, but is still the second lowest in the history of the County Borough.

These small setbacks are to be expected, and many factors have been against us, chief of which is the lack of fully-trained Health Visitors, when it must be recorded that with an establishment of nine, we were frequently reduced to one-third of this number by retirements, transfers and sickness, and it now seems we have settled with this fraction of the establishment, in spite of frequent advertisements.

However, as a long-term policy, two student Health Visitors have been appointed, and if this system is continued for a few years, perhaps it may bring some tangible dividend in the future.

Every one of the seven Maternity & Child Welfare Clinics held in the County Borough takes place in makeshift premises.

Two following summers from the weather point of view, have been disappointing.

Inquiries over a number of years into all infantile deaths in the Borough have been carried out, and I am indebted to Dr. Campbell and the Institute of Social Medicine of Oxford for a brief analysis of an interim report thereon. Comparisons are made with figures for England and Wales. Here it is shown that while we lose less in the first week of life, we lost many more between that age and three months, and there is a high incidence of Bronchitis and Pneumonia, while bad housing, contrary to expectations, plays a very minor role. Might I suggest that a larger Health Visitors' staff and an appointment of a Pædiatrician by the Regional Hospital Board, without any reflection on the skill of our local General Practitioners, may help us in a greater saving of infant life.

Infectious Diseases call for no special comment, apart from the entire absence of confirmed Diphtheria cases for two years now, but I hasten to warn against complacency, as this happy state is only accomplished by prevention i.e. immunisation, and any slackening-off may lead to its re-appearance, and it is extremely difficult to impress young parents with its importance when they have never seen or heard of a case of Diphtheria, far less have they experience of its dreadful aftermaths.

The general health of the people has been well maintained. Food, though dearer, is much more plentiful, and with the provision of so many new Council houses, we can at last look forward in the not-too-distant future to the time when the bulk of our housing difficulties—overcrowding, dampness and general disrepair etc., cease to be a major problem.

The continuing rise in the cost of labour and materials makes housing repair work extremely difficult, and gives rise to increased rents in some Council houses, and this, coupled with the all-round increase in the cost of living, in spite of increased wages, makes times seem harder, and no longer does 1/5th or 1/6th of income willingly go in rent.

There has come about a re-orientation of ideas; things which were regarded as luxuries in the past have now become near-necessities in the shape of cigarettes, cinemas, wireless, television and so forth, and all have to be fitted-in in the general rise in costs, making it difficult, if not impossible in most cases, to adjust their ideas of rentals from 5/- to 7/6 to sums ranging between 25/- and 30/-.

I am happy to report increasing co-operation at officer level between the Local Health Authority and the Regional Hospital Board.

The report indicates the close connection with Dr. Robinson in Tuberculosis work, but behind the scenes, as it were, we have Mr. Cruttenden in midwifery cases and in the care of newly-born babies, and in school cases Dr. Grant, and the chronic sick and hostel cases Dr. Nicholson. Apart from the routine school cases, we have the care of the eyes by Mr. Hubbersty, the ear, throat and nose cases by Mr. Arundel and all are maintaining a happy co-operation and increasing understanding of one another's jobs and difficulties.

With the General Practitioners we have no less than six engaged part-time or otherwise indirectly with the Maternity and Child Welfare and Ante-Natal Clinics, and in the care of the children in Homes, and Institutions under the care of the Local Health Authority.

The Corporation continue to provide more and more accommodation for the care of the old people and provide various amenities, and many local organisations have come forward to help in their entertainment—to these we offer our thanks and record the appreciation of the inmates themselves. But I would issue warning that the true happiness of the inmates is achieved by making them feel an interest in life by doing things themselves, so that they feel they are still of use rather than left to sit back in a chair, have everything done for them and gradually sink into a useless lethargy.

The work and ability of these people ^{are} ~~is~~ only finished when they are bedridden and helpless—let not any Authority in their misguided sentimentality, hasten this end by trying to do, or give, too much in the way of amenities and amusements etc., to the detriment of efforts to reassure them and encourage them, in the surprisingly many ways, they can still be of use and give service.

Owing to the close co-operation between Miss Fick, the Children's Officer and the Health Department, I have pleasure in incorporating her report, which shows the amount of valuable work being carried out by the Corporation and its Officers under the Children's Act.

I wish to thank my brother officers and all who have helped me throughout the year, and I am very grateful to the Chairman and Members of the Health Committee, for the active interest they have taken in health matters and the encouragement they have given me.

I remain,

Your Medical Officer of Health.

J. W. McKEGGIE.

SPECIAL SURVEY of LOCAL HEALTH SERVICES provided under the National Health Service Acts.

General.

1. ADMINISTRATION.

The administration of the local Health Services is carried out under the control of the Medical Officer of Health. The Council has appointed a Deputy Medical Officer of Health (male) and an Assistant Medical Officer of Health (female); and also the necessary administrative and clerical staffs to deal with the day to day operation of the various health services.

The Medical Officer of Health is the School Medical Officer and the Deputy and the Assistant Medical Officer are occupied largely in dealing with the examination of schoolchildren. The routine administration of the school health service is however, under the control of the Chief Education Officer.

2. CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

A Co-ordination Committee consisting of representatives of the three main branches of the Health Service has been set up recently, to which it is intended to refer special difficulties arising in the service and to study means for active co-operation in the best interests of the Health Services generally.

The Consultant Chest Physicians are employed part time by the local authority and close association is thereby maintained. The Senior Consultant and a District Tuberculosis Visitor attend all meetings of the Health Committee with their reports on cases and the social conditions in connection with such cases.

The housing and other circumstances of every discharged case from Hospital or Sanatorium is the subject of a monthly report.

Constant information is exchanged between the two departments at Medical Officer level and through the Health Visiting staff.

Any report of sickness needing nursing care is dealt with between General Practitioners and District Nurses direct, and occasionally by reports from Health Visitors and the staff of the Health Department.

There is no advice given from Hospitals about patients requiring care on discharge, but matters are left entirely in the hands of patients and relatives, who seem to know from long local experience that District Nursing is available, and how to get it.

There is a growing tendency for General Practitioners to shift the work of injections e.g. of antibiotics, insulin etc., to the District Nurses.

There is need to stress the use of the Health Visitors for work in the family generally, as certain General Practitioners, especially the younger generation, do not, generally speaking, seem to appreciate what help can be given.

The main difficulty, from the Medical Officer of Health side, is the shortage of trained Health Visitors available for the expansion of the service.

Information is available at Post Offices, Clinics and the Citizens' Advice Bureau as to the services generally provided by the Local Health Authority.

3. JOINT USE OF STAFF.

Two General Practitioners are employed on a sessional basis to attend the Authority's Maternity and Child Welfare Clinics. A third General Practitioner is in charge of the Authority's Ante-Natal Clinic which is held once a week.

None of the Authority's Medical Officers is employed in the Hospital or Specialist Services.

Arrangements have been made with the Regional Hospital Board for two Chest Physicians to spend part of their time on domiciliary tuberculosis work in the area, and the Council has agreed to pay to the Regional Board a proportion of the salary of the Physicians for this service. Arrangements are also made for persons in the Authority's area who are suffering from mental disorders to be seen at Clinics which are held regularly in the town and attended by visiting Consultants of the Regional Hospital Board.

Tonsils and Adenoid cases are referred for opinion and treatment to officers of the Regional Hospital Board, who hold special clinics in premises controlled by the Education Committee.

Ophthalmic cases are similarly dealt with and all are paid for on a sessional basis by the Education Committee.

4. VOLUNTARY ORGANISATIONS.

The Blind Welfare Association do most of the work in connection with the blind on behalf of the Council. The Association is largely subsidised by the Council, and many members of the Local Health Authority sit as members of the Committee of the Association.

The Moral Welfare Association, which deals primarily with unmarried mothers, is given financial support by the Council.

An Association working for the Deaf and Dumb and Hard of Hearing receives some financial support from the Council and close liaison is maintained with the W.V.S. and Cripples Guild.

The work and the staff of the former Nursing Association was taken over entirely by the Council.

Particular Services.

5. CARE OF MOTHERS AND YOUNG CHILDREN.

EXPECTANT AND NURSING MOTHERS.

Most General Practitioners have their own Ante-Natal Clinics ; and a local authority Ante-Natal Clinic is held once a week, to which expectant mothers are referred by Midwives—a General Practitioner is in attendance and blood tests are made. Maternity outfits are available free of charge.

CHILD WELFARE.

Six Maternity and Child Welfare Clinics are held each week in Centres situated in diverse districts of the town, where General Practitioners, local authority Medical Officers of Health, Health Visitors and Midwives are available for giving advice to mothers, weighing of babies, etc.

CARE OF PREMATURE INFANTS.

One Midwife has been assigned exclusively to the care of premature infants. She attends all premature infants whether born at home or on their return from hospital or Maternity Home.

SUPPLY OF DRIED MILKS, ETC.

At each of the six Maternity and Child Welfare Clinics, facilities are provided for a representative of the Ministry of Food to distribute Welfare Foods under the Government Welfare Foods Scheme. Purchasers of all popular brands of dried foods and nutrients can be made at all the Maternity and Child Welfare Clinics.

DENTAL CARE.

Adequate arrangements exist for the dental care of expectant mothers and young children who require such treatment. General Practitioners, Health Visitors and Midwives recommend and encourage the use of the local authority's dental service,

OTHER PROVISIONS.

General help and advice are given in all family health and social problems wherever possible.

6. DOMICILIARY MIDWIFERY.

The Council employs ten domiciliary midwives, one of whom is engaged solely in the care of premature infants. All midwives have had telephones installed in their homes and endeavours have been made to ensure that the midwives are strategically placed in the authority's area so that any case can be reached in the shortest possible time. To this end two of the midwives have been granted tenancies of Council houses.

Medical supervision of the midwives is carried out by the Medical Officer of Health and the female Assistant Medical Officer of Health. The authority does not employ a non-medical supervisor.

All the midwives have received training in the use of analgesics. The necessary equipment is held in readiness at the Council's Ambulance Depot, and is despatched by ambulance to any address in the area, immediately on receipt of a demand from a midwife.

So far as ante-natal supervision is concerned, immediately a woman books a midwife for her confinement she is advised by the midwife to visit her own General Practitioner or to attend the authority's Ante-Natal Clinic. Subsequently she is seen every fourth week by the midwife until the seventh month, and at fortnightly intervals afterwards. In the event of any abnormality arising the midwife concerned communicates immediately with the woman's Practitioner.

In the case of any woman who has arranged to be admitted to hospital for her confinement a midwife visits the case and advises the woman to see her own doctor or to visit the hospital ante-natal clinic as soon as possible.

The midwives are themselves responsible for deciding in which cases it is desirable, on social grounds, for confinements to take place in hospital, and they advise the women in question to make immediate application for admission.

Two midwives are sent each year to one of the Post-Graduate Courses arranged by the Royal College of Midwives.

The authority has not made any arrangements for training midwives as up to the present time no difficulty has been experienced in securing a sufficient number of trained midwives to meet all demands on the service.

7. HEALTH VISITING.

The scope of the Health Visiting service has been limited by failure to obtain a sufficient number of qualified Visitors. At present four Health Visitors are employed against a recognised establishment of nine, and it has not been possible to improve the situation despite repeated advertisement for additional Visitors.

Last year the Council agreed to offer training facilities to two student Health Visitors but here again suitable candidates were not forthcoming. It is intended to make another attempt to obtain students this year.

In view of these circumstances the works of the Health Visitors has had to be restricted largely to attendance at the Maternity and Child Welfare Centres and to periodic visiting of children under five years of age. In the case of children under one year, every endeavour is made to visit each three months, and from one to five-years visits are made at six monthly intervals.

The Health Visitors pay special visits to all cases of infectious disease occurring among the 0 to 5 age group, and they are responsible for enquiries into cases of infant mortality. They also visit female mental defectives who are under statutory supervision in their own homes.

One Health Visitor is sent each year to a Summer School organised by the Women Public Health Officers' Association.

8. HOME NURSING.

For the purposes of carrying out this service the County Borough is divided into five districts and one Home Nurse is allocated to each. The Home Nurses are directly responsible to the Superintendent Health Visitor who is in charge of the Home Nursing Service. All cases attended by Home Nurses are those which have been recommended by medical certificates issued by General Practitioners. In case of urgency or emergency, all Home Nurses can be contacted at their homes by telephone. The following are the classes into which home nursing cases are mainly divided :—

Constipation.....	20%
Circulatory Disease.....	20%
Respiratory Disease (other than T.B.)..	20%
Senility	10%
Tuberculosis.....	10%
Ulcers	5%
Heart Disease	5%
Miscellaneous.....	10%

No facilities exist for training of District Nurses or attending refresher Courses.

Home Nursing equipment is supplied on loan where necessary.

9. VACCINATION AND IMMUNISATION.

Health Visitors, both in their work of visiting mothers and young children up to five years of age, and in their advisory capacity at the Maternity and Child Welfare Clinics, give every encouragement for the precaution of vaccination and re-vaccination against smallpox and they stress in particular the advisability of vaccination in infancy. Such vaccinations are carried out by General Practitioners.

Immunisation against diphtheria and whooping cough is carried out at the Maternity and Child Welfare Centres. Use is made of the combined prophylactic and it is usual to encourage the first injection when the child is about eight or nine months old. A "boosting" injection against diphtheria is recommended when a child reaches school age or earlier.

10. AMBULANCE SERVICE.

The year 1952 served more than ever to confirm the upward trend in demand on the Ambulance Service, as the following figures for the three years ended 31st December last reveal :—

<i>Year</i>	<i>Patients Carried</i>	<i>Mileage</i>
1950	9,758	55,717
1951	14,623	63,361
1952	18,316	75,699

Approaches have been made repeatedly to the local Hospital Management Committee with a view to limiting the demand as far as possible. The increased mileage has been very largely due to a continuing increase in the number of persons conveyed to out-patient clinics. In the cases of the hospitals in and immediately adjoining the authority's area a "card system" for out-patients was introduced in July, 1952 in the hope that this would achieve some reduction in demand. The system provided for a card to be issued to every patient and for this card to be signed on each hospital visit by some responsible member of the hospital staff. The card indicates if and when a patient has to attend the hospital again, and whether an ambulance is required to convey him there. From the authority's point of view it is felt that the system has produced little or no improvement, for the reason that it is doubtful whether the cards are being signed by responsible officers as was intended, and that as a consequence ambulances are still being demanded for patients who might well use public transport. The Hospital Management Committee has been acquainted of this view.

Another difficulty is that during recent months there has been a growing tendency for out-patients to be asked to attend a hospital some 12 miles away and this has given rise to a doubt as to whether at least some of these patients could not receive the necessary treatment at local hospitals. Here again approaches have been made to the appropriate Hospital Management Committee without effective result.

The attention of General Practitioners has been drawn to the need for the proper and economical use of the Ambulance Service through the Local Health Executive Council, and it is felt that the Practitioners on the whole, have co-operated very well in observing this need. Whenever there is doubt about the validity of a request for an ambulance in any individual case, the matter is taken up with the General Practitioner concerned.

During the year one new ambulance was purchased to replace an existing vehicle which was then some 15 years old. The total vehicle strength remains at five ambulances and one sitting-case car.

11. PREVENTION, CARE AND AFTER-CARE.

TUBERCULOSIS.

Liaison with the Hospital Service is maintained through two Tuberculosis Health Visitors who work jointly with the Regional Hospital Board and the Local Authority. Extra nourishment in the form of free milk is supplied free of charge where recommended. Allowances in cash are paid by the National Assistance Board to help needy cases. The Tuberculosis Health Visitors visit regularly the domiciliary and after-care cases and take what steps they can to prevent recurrence and spread of the disease. They help to relieve anxiety and attempt to secure the social and physical well-being of patients and their families.

12. DOMESTIC HELP.

This service is maintained by a Domestic Help Organiser (female) and one full-time female assistant. There are approximately 60 Domestic Helps employed, of whom half are part-time (i.e. working mornings or afternoons only), making a full complement equivalent to 45 full-time helps.

The Domestic Help Service largely caters for old and infirm people, chronic and temporary sick cases, where help is necessary, and for maternity cases where it is not possible for other suitable arrangements to be made. Except for maternity cases, a General Practitioner's medical certificate stating that domestic help is necessary, is required in all cases where help is provided.

In maternity cases full-time help is given for a period of approximately ten days. Many of the infirm and chronic cases last for a very long time—often until the patient dies.

At any one time there are approximately 150 cases “on the books” and in a year over 500 cases receive help.

A scale of charges approved by the Council determines the amount to be charged in each case.

Applications for help must be supported by certified statements of earnings from employers.

The Domestic Help Organiser has been on an appropriate Course. Her assistant has not attended a Course and no facilities exist for training domestic helps.

13. HEALTH EDUCATION.

Health lectures are given by Medical Officers, Sanitary Inspectors and Health Visitors to various bodies throughout the town and Health Posters, nationally supplied, are exhibited at Centres, Doctors’ Surgeries occasionally, and various bill-posting stations throughout the town. A special committee of the Council deals with accidents in the home and their prevention.

14. MENTAL HEALTH SERVICE.

ADMINISTRATION.

The service is carried out under the supervision of the Council’s Health Committee which meets once every month. The Committee consists of eleven elected members of the Council and two co-opted members.

Staff employed at present in the Mental Health Service is as follows :—

The Medical Officer of Health.

The Deputy and Assistant Medical Officers of Health.

2 Administrative Officers who are also duly Authorised Officers.

1 Male Clerk.

The visiting of female mental defectives under supervision is carried out by the Health Visiting staff.

CO-ORDINATION.

The supervision of mentally defective patients on licence from Institutions is carried out in conjunction with the Welfare Officer of Prudhoe & Monkton Hospital.

VOLUNTARY ASSOCIATIONS.

There are no duties delegated to voluntary associations at present.

TRAINING OF STAFF.

No arrangements have been initiated for the training of staff but the question will undoubtedly arise when the Occupation Centre nears completion.

WORK UNDERTAKEN IN THE COMMUNITY.

CARE AND AFTER-CARE.

The main part of this work was carried out in the past by a representative of the National Association of Mental Health. In 1951 the Association decided to withdraw this representative from the North-East Area and the Durham County Council were approached with a view to sharing the services of a Mental Health Worker for whom they were then advertising. This was agreed by the Durham Authority but so far they have been unable to obtain a qualified visitor and the work is at present being done by the Health Department staff.

LUNACY AND MENTAL TREATMENT ACTS.

The Duly Authorised Officers are responsible for visiting and arranging for the certification and admission to hospital of patients deemed to be certifiable. They are also responsible for the arrangements for the examination and admission to hospital of Voluntary and Temporary cases.

ASCERTAINMENT AND SUPERVISION OF MENTAL DEFECTIVES.

The great majority of mental defectives ascertained, come from the schools under Section 57(3) and (5) of the Education Act, 1944. There has been a small number of adult cases notified by the National Assistance Board.

GUARDIANSHIP.

There are no cases under guardianship at present.

ARRANGEMENTS FOR THE PROVISION OF OCCUPATION AND TRAINING.

An Occupation Centre to accommodate about 30 defectives of all ages is being built in the town and should be ready for occupation in the summer. There is a close liaison between the Duly Authorised Officers and the Employment Exchange in the question of placing mental defectives in suitable employment. There are no arrangements at present for home teaching.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (Square miles)	6.98
Population (Registrar-General's Estimate, 1952)	72,100
No. of Inhabitated Houses on 31st December, 1952 according to the Rate Books	20,725
Rateable Value (1st April, 1952)	£431,419
Sum represented by a Penny Rate (31st March, 1952)	£1,697
Birth Rate	19.90
Death Rate	11.36
Infantile Mortality Rate	40.00

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

	<i>Total</i>	<i>Male</i>	<i>Female</i>	
Live Births—				{ Birth Rate per 1,000 of the estimated resident popu- lation — 19.90.
Legitimate ..	1,364	702	662	
Illegitimate ..	71	40	31	

Stillbirths 33. Rate per 1,000 total population — 0.46.

Deaths 819. Death Rate per 1,000 of the estimated resident population— 11.36.

Deaths from puerperal causes — Nil.

Death Rate of Infants under one year of age :—

All infants per 1,000 live births—

Legitimate 37.6. Illegitimate 2.1. Total 39.7.

Deaths from Cancer	122
Deaths from Measles (all ages)	1
Deaths from Whooping Cough (all ages)	—
Deaths from Diarrhoea (under two years)	3

HEALTH COMMITTEE.

1952-53.

COUNCILLOR COWARD—*Chairman*
 ALDERMAN HAND—*Vice-Chairman*
 ALDERMAN EVERETT
 COUNCILLOR MRS. BREWARD
 COUNCILLOR T. BREWARD
 COUNCILLOR D'ALBY
 COUNCILLOR ELLIOTT
 COUNCILLOR GIBBON

COUNCILLOR HARTLEY
 COUNCILLOR KING
 COUNCILLOR McCANN
 DR. RISHWORTH
 DR. MITCHELL

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.
 PUBLIC HEALTH STAFF.

Medical Officer of Health, School Medical Officer, etc.—

J. W. McKEGGIE, M.B., CH.B., D.P.H.

Deputy Medical Officer of Health—

A. C. ROSS, M.B., CH.B., D.P.H.

Commenced 1/2/52

Assistant Medical Officer of Health—

JEAN FLOYD FARQUHAR, M.B., CH.B., D.P.H.

Ophthalmia Surgeon (Part-time)—

F. S. HUBBERSTY, M.R.C.S., L.R.C.P., F.R.C.S.

Aural Specialist—

L. V. ARUNDEL, F.R.C.S.

School Dentists—

MISS M. I. MANLEY, L.D.S.—(Senior Dental Officer)

A. G. WILDGOOSE, L.D.S.

Chief Sanitary Inspector and Inspector under Food and Drugs Acts—

J. C. LIGHTFOOT, M.R.S.I., M.S.I.A.

Deputy Chief Sanitary Inspector—

J. F. EDWARDS, M.S.I.A.

Sanitary Inspectors and Inspectors under Food and Drugs Acts—

A. J. BELL, M.S.I.A.

R. H. GILBERTSON

National Service 16/3/52

C. W. LAYFIELD

Commenced 3/3/52

E. M. PETCH

Commenced 24/3/52

G. W. WHITE

Commenced 4/7/52

Health Visitors—

MISS E. PEACOCK	(Gen. Trained, Cert. Midwife, H.V. Cert.) Superintendent Health Visitor
MISS A. FIELDS	(Gen. Trained, Cert. Midwife, H.V. Cert.)
MRS. C. E. HENDERSON	(Cert. Midwife, H.V. Cert.)
MISS K. HOULTON	(Gen. Trained, Cert. Midwife, H.V. Cert.) Resigned 29/2/52
MISS N. STUDHAM	(Gen. Trained, Cert. Midwife, H.V. Cert.)
MISS A. S. BAGSHAW	(Gen. Trained, Cert. Midwife, H.V. Cert.)
MISS C. SEYMOUR	(Gen. Trained, Cert. Midwife, H.V. Cert.)

Home Nurses—

MRS. E. COOPER	
MRS. E. HUGILL	
MRS. I. HESLOP	
MRS. E. M. GARDINER	
MRS. H. JEFFERSON	Commenced 16/4/52

Nurse Almoner—

MRS. S. LAMBERT	(Gen. Trained)
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Home Help Organiser—

MISS A. STOTT

Matron, Victoria Road Day Nursery—

MRS. N. HALL

Matron, Hazelhurst Hostel —

MRS. E. DIXON	Resigned 12/2/52
MISS W. L. STEEL	Commenced 12/2/52

School Nurses—

MISS E. WITTEN	(Gen. Trained, Reg. Sick Children's Nurse. Senior School Nurse)
MISS O. MAVIN, S.R.N., R.S.C.N.	
MISS I. S. HIND, S.R.N., S.C.M.	
MISS M. P. LOWERY, S.R.N.	

Duly Authorised Officers :—

Lay Administrative Officer—

W. P. YUILL

Assistant Lay Administrative Officer—

W. E. SIMPSON

Clerks—

C. W. SMITH	(Senior Clerk)	
W. USHER		
T. D. HODGSON		
G. W. WHITE		Resigned 3/7/52
J. STEPHENSON		
K. G. CODLING		Commenced 6/8/52
Miss L. JARROLD	(Senior Clerk/Typist)	
Miss M. MACKIN		
Miss J. KINGSTON		
Miss S. MEASOR		Resigned 14/3/52
Mrs. M. ANDERSON		
Miss D. M. MIDDLETON		
Miss E. SNELLING		
Miss A. STRINGER		
Miss E. M. STODDART		
Miss K. POUNDER		
Miss B. ATKINSON		
Mrs. J. SURTEES		Commenced 31/3/52 Resigned 16/11/52

Ambulance Officer—

J. ATKINSON

Public Analyst (part-time)—

C. J. H. STOCK, B.Sc., F.I.C.

Rodent Officer—

R. ATKINSON

Rodent Officer's Assistant—

H. HENNING

LEGISLATION IN FORCE.

LIST OF LOCAL ACTS, ADOPTIVE ACTS, BYELAWS AND LOCAL REGULATIONS RELATING TO PUBLIC HEALTH.

LOCAL ACTS :—

West Hartlepool Extension and Improvement Act, 1870.

West Hartlepool Corporation Act, 1931.

BYELAWS AND REGULATIONS :—

Public Market, 1892 ; Sea Banks, 1905 ; Sanitary Conveniences, 1909 ; Public Abattoir, 1917 ; Employment of Children, 1920 and 1934 ; Good Rule (Nuisances), 1920 ; Tents, Vans, Sheds, etc., 1921 ; Houses-let-in lodgings, 1922 ; Fouling of Footway by Dogs, 1930 ; Noisy Organs and Musical Instruments, 1931 ; Slaughter House, 1931 and 1935 ; Removal of House Refuse, 1934 ; Removal of Offensive Matter, 1934 ; Litter, 1934 ; Common Lodging Houses, 1934 ; Public Abattoir Regulations, 1935 ; Clean Handling of Food, 1950.

ADOPTIVE ACTS :—

Infectious Disease (Prevention) Act, 1890 ; Public Health Acts, Amendment Act, 1890, as amended by Public Health Act, 1936 ; Public Health Act, Amendment Act, 1907, as amended by the Public Health Act, 1936 (with the exception of Sections 17, 21, 30, 31, 32, 80, 85 and 91) ; Public Health Act, 1925, as amended by the Public Health Act, 1936.

STATUTORY LEGISLATION :—

Slaughter of Animals Act, 1933	} and orders and Regulations made under these Acts.
Public Health Act, 1936	
Housing Acts, 1936-1949	
Food and Drugs Act, 1938-1944	
Factories Acts, 1937 and 1948	
Water Act, 1945-1948	
National Health Service Act, 1946-1949	
Milk (Special Designations) Act, 1949	
Prevention of Damage by Pests Act, 1949	
Shops' Act, 1950	
Pet Animals Act, 1951.	
National Assistance Act, 1948	
Rag Flock and Other Filling	
Materials Act, 1951	

MATERNITY AND CHILD WELFARE.

(By DR. J. F. FARQUHAR).

WELFARE CENTRES.

The Centres have continued at much the same levels of numbers as in the previous year, and the condition of the children is at the same satisfactory level. We had to discontinue immunising against Diphtheria for a period, as in the public mind there is a link between this and epidemics of Infantile Paralysis, and though we do not think that immunising is a cause of Infantile Paralysis, we consider it better not to do anything which will cause the parents any alarm or anxiety.

We lost one Health Visitor during the year and so far, no replacement has been obtained. The work cannot be extended without staff.

We preach unceasingly the doctrine of breast-feeding—even if difficulties at first present themselves. We ask for the support of the family doctor, friends and relatives in this. We believe that even a short spell of breast-feeding, or breast-feeding complemented, if necessary, with artificial feeding, is better than none at all. As for the baby earmarked for adoption, surely his mother can spare a few weeks to nurse him and give him a fair start. We have known girls change their minds about adoption after they had cared for their babies themselves. Except in exceptional circumstances, it does seem to us a baby is better with his own mother, even though she be unmarried.

Prematurity remains the chief single cause of deaths in infants. We have a specially-trained nurse caring for these babies on the district, and in time we hope her work will show good results.

The ex-babies are apt to get pushed aside and the mothers have to be reminded to bring them for an occasional overhaul.

The mothers themselves are, on the whole, healthy, and, at the clinics at all events, they appear cheerful and happy as they chat over their cups of tea.

VICTORIA ROAD DAY NURSERY.

The pressure for the admission of children to the nursery has been easier this year. The demand for places in the baby section is the greatest. It may be that the women now are less anxious to take work and leave their little ones, or it may be work is less readily obtained. Anyway, it surely is

better for the home life if the mother can remain at home. Of course there always are the distressing cases of broken homes, illness at home, single girls with babies to support etc., and for these the nursery is a godsend.

The children are healthy, but seasonal epidemics, which affect all the children within and without the nursery, of course keep the numbers down at times.

On the educational side, the piano has proved of the greatest help. The children love to sing and dance to the music, and the sounds charm away any threatening tears and fretfulness.

We now have wooden shutters on all the windows, to protect the nursery against marauders. These have had another effect as well, that is to keep the nursery warm in a way that it never has been before.

The garden does not make much headway; it is too vulnerable to the enquiring little hands of the normal inmates and to the raiders from outside, who climb over the fence.

CLINICS AND TREATMENT CENTRES.

The following tables show the nature of the work done at the Clinics and the conditions found :—

ANTE-NATAL AND INFANT WELFARE CENTRES.

Centre	Total No. of children attending Centre	Total attend- ances	No. of children who made first attend- ances	No. of visits made by these children	No. of children who attended in previous years	No. of visits made by these children	No. of new attenders under one year	No. of new attenders between 1—5	A n att
Mill House	—	365	—	—	—	—	—	—	
Dale Street	313	4,258	147	1,488	166	2,770	143	4	
St. Luke's	350	5,153	172	1,921	178	3,232	162	10	
Oxford Street	421	5,060	223	2,002	198	3,058	214	9	
St. Matthew's	266	3,652	159	1,581	107	2,071	145	14	
Burbank Street	299	3,183	185	1,461	114	1,722	175	10	
Seaton Carew	106	1,353	45	384	61	969	41	4	
Totals	1,755	23,024	931	8,837	824	13,822	880	51	

METHODS OF FEEDING (FIRST ATTENDERS).

Method	ALL CENTRES		
	Regular Hours	Irregular	Total
Natural (Breast)	389	—	389
Artificial (various)	355	—	355
Combined (natural and artificial)	127	—	127
Breast feeding over 1 year of age	—	—	—
Children over 1 year—various diets	50	—	50
Totals	921	—	921

During the year the sale of dried milk or allied substances at the Centres amounted to £2,708 4s. 2d.

GENERAL HOSPITAL AND GRANTULLY MATERNITY HOME.

The following are details of the maternity cases treated in the General Hospital and Grantully Maternity Home.

	<i>General Hospital</i>	<i>Grantully Maternity Home</i>
Number of maternity beds in the Institution ..	27	21
Number of maternity cases admitted during the year	566	427
Average duration of stay (days)	12.2	12
Number of cases delivered by (a) Midwives.. ..	500	253
(b) Doctors	66	166
Number of cases in which medical aid was sought by midwives in emergency	98	Nil
Number of cases notified as Puerperal Pyrexia ..	6	6
Number of cases of Pemphigus Neonatorum ..	Nil	Nil
Number of infants not entirely breast-fed while in the institution	80	74
Number of cases notified as Ophthalmia Neonatorum	Nil	Nil
Number of maternal deaths and causes of death ..	1	Nil
(Pulmonary Infarction following severe Pre- eclamptic Toxæmia)		
Stillbirths	17	5
Causes—		
Premature Macerated. ? Placenta Prævia ..		1
Premature Macerated Toxæmia Pregnancy ..		1
Macerated. Cause unknown		1
Macerated Post Mature. Adherent Placenta ..		1
Malformation Spina Bifida		1 — 5
Macerated Fœtus : Maternal Rh. Negative blood with Antibodies	3	
Macerated Fœtus. Premature Ruptured Uterus (Previous classical cæsarian section) ..	1	
Macerated Fœtus Anencephaly	2	
Hydrocephalus	1	
Premature Infants—30 weeks	4	
Premature Infants, Maternal Toxæmia.. ..	3	
Stillbirths. Internal version shoulder present- ation emergency admissions	2	
Stillbirth. Accidental Hæmorrhage	1 — 17	

						<i>General Hospital</i>	<i>Grantully Maternity Home</i>
Number of Infant Deaths within 10 days	..	..				11	3
Causes—							
Atalectasis	..	..	..	..	..		1
? Placenta Prævia..	..	..	..	..	..		1
Premature Rh. Negative		..	..	..			1 — 3
Premature Infants—28 weeks	..	..	..			2	
Premature Infants—twins		..	..	..		2	
Premature Infants Twin (Maternal Toxæmia) ..						2	
Spina Bifida	..	..	..	..	..	1	
Premature Infant—32 weeks. Maternal							
Toxæmia	..	..	..	..	..	1	
Premature Infants—2 × 30 weeks	..	..				2	
1 × 34 weeks		..	..			1 — 11	

MIDWIFERY.

During the year the Municipal Midwives' Scheme functioned satisfactorily and the following table shows the volume of work carried out.

CASES ATTENDED DURING 1952.

			<i>As Midwives</i>	<i>As Maternity Nurses</i>
By Municipal Midwives	..	..	491	27
By Private Midwives	..	..	—	—
			<hr/>	<hr/>
			491	27
			<hr/>	<hr/>

MIDWIVES' ACTS, 1902-1936.

CONDITIONS FOR WHICH DOCTORS WERE SUMMONED
IN AN EMERGENCY BY MIDWIVES.

PREGNANCY.....	—	PUERPERIUM	—
LABOUR	—	INFANTS	—

CARE OF UNMARRIED MOTHERS.

24 Unmarried Mothers were assisted during the year. Of these 10 girls were admitted to local hospitals for confinement and 14 remained at home.

HEALTH VISITING.

MATERNITY AND CHILD WELFARE.

Visits to children under one year of age—Primary visits.....	1,538
Secondary visits	3,980
Visits to children between the ages of 1 and 5 years	12,634
Visits to expectant mothers—Primary visits	—
Secondary visits	—
Visits to cases of ophthalmia neonatorum—Primary visits	—

HEALTH WORK.

Visits to cases of pneumonia—Primary visits	19
Visits to cases of puerperal fever and pyrexia—Primary visits.....	5
Visits to cases of scarlet fever	—
Visits to cases of measles	417
Visits to cases of whooping cough	30
Visits to mental defective cases.....	123
Special enquiries—Housing, Surveys, etc.....	229

NURSING.

Visits to cases of pneumonia	—
Visits to cases of ophthalmia neonatorum	—
Visits to cases of puerperal fever and pyrexia	—
Visits to cases of discharging eyes	—

CLINIC.

Sessions at—Maternity and Child Welfare Centres	493
Ante-Natal Clinic	—
Dental (Maternity and Child Welfare)	—

SCHOOL WORK.

Visits to School with School Medical Officer.....	—
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VACCINATION.

The table below indicates the number of vaccinations and re-vaccinations carried out during the year.

	Under 1	1	2 to 4	5 to 14	15 or over	Total
Vaccination	156	7	4	8	31	206
Re-Vaccination	11	—	2	2	46	61
Totals.....	167	7	6	10	77	267

DIPHTHERIA IMMUNISATION.

The table below indicates the number of immunisations carried out during the year.

Age at 31.12.52	Under 1	1	2	3	4	5 to 9	10 to 14	Total under 15
Born in year	1952	1951	1950	1949	1948	1943-47	1938-42	
No. of children immunised.....	206	129	49	20	13	310	19	746

HOME HELPS.

During the year help was supplied to some extent in 417 cases, and the average number of helps employed was 60, half of whom were engaged full-time and half part-time.

The majority of cases involved old people and help was given in every case where a doctor recommended that a home help was essential.

Maternity cases were given full-time help, where required, for a period of two weeks or less.

AMBULANCE FACILITIES.

The Ambulance Service comprises 5 Ambulances and a Sitting-Case Car, and the depot is manned by a staff of 19 male and female drivers and attendants.

In the table which follows, the number of cases dealt with during the year is divided into monthly totals, showing the types of case conveyed and the mileage covered. Out of Borough cases are shown separately.

DOMESTIC HELP SERVICE.

(By Miss A. Stott).

During the past year, the Home Help Service has been used to cover all types of illness and emergencies, varying from poliomyelitis and arthritis to the desertion of children by their mother.

While still covering maternity cases, the sole original purpose of the service, the majority of the cases now assisted are old people between 70 and 90 years of age. These have varied from the feeble to the completely bedfast.

In many instances the Home Help Service has made it possible for old people to remain in their own homes. One old lady makes an excellent example of just how important this can be to the individual. She was completely deserted by her friends and relations, and was allowed out of hospital on the pretext of having obtained a companion to live in. A Home Help was sent in place of the non-existent companion and, although alone in the house for the greater part of the time, she spent her remaining two years bedfast but uncomplaining, because she had attained her overwhelming desire to be at home.

Apart from the obvious contribution to old people's happiness and contentment, stress must be laid on the important part which the Home Help Service is playing in relieving pressure on hospital beds and the provision of new hostels. It is, and will continue to be, an important factor in dealing with the problem of our increasingly ageing population.

During the year a staff of 34 full-time and 27 part-time Home Helps have covered from 161 to 188 cases each week.

1952	CASES WITHIN THE COUNTY BOROUGH										CASES OUTSIDE THE COUNTY BOROUGH		ALL CASES	
	Admit- tances to Hospital	Dis- charges from Hospital	Out Patients	Mater- nity Cases	X-ray Exam- inations	Street Accid- ents, etc.	Works Accid- ents, etc.	Others	Total Cases	Mileage	Cases	Mileage	Total	Mileage
January	135	32	912	37	43	19	15	81	1,274	3,812	193	2,663	1,467	6,475
February.....	135	50	873	40	18	16	24	75	1,231	3,190	173	2,610	1,404	5,800
March	128	38	887	45	36	16	14	95	1,259	3,460	201	2,767	1,460	6,227
April	100	39	763	47	26	40	9	77	1,101	3,017	205	3,110	1,306	6,127
May	138	40	991	37	39	27	29	102	1,403	3,672	235	3,568	1,638	7,240
June	134	25	772	31	30	24	18	93	1,127	3,577	214	2,922	1,341	6,499
July	113	24	904	42	36	31	8	120	1,278	3,301	216	3,186	1,494	6,487
August	111	27	912	48	32	36	17	94	1,277	3,438	142	2,135	1,419	5,573
September	122	42	1,041	50	28	30	20	123	1,456	3,700	208	2,422	1,664	6,122
October	125	23	1,168	38	27	28	23	98	1,530	3,524	243	2,916	1,773	6,440
November	124	26	1,123	45	31	22	17	67	1,455	3,464	213	2,770	1,668	6,234
December	140	27	1,097	48	34	20	16	82	1,464	3,459	218	2,703	1,682	6,162
Totals	1,505	393	11,443	508	380	309	210	1,107	15,855	41,614	2,461	33,772	18,316	75,386

TUBERCULOSIS REPORT.

(By DR. J. B. ROBINSON).

The year under review saw the introduction of Isonicotinic-acid-hydrazide in treatment of tuberculosis. This drug was discovered independently and simultaneously by three groups of workers in different parts of the world. The preparation, therefore, could not be patented, nor could a monopoly be created. Consequently it is so cheap as to be "a drug on the market." It is taken by mouth and has very few unpleasant side-effects. After a few months' use in America the reports were so glowing and so publicised in this country that pressure was brought to bear by patients and relatives for its use here. A few in-patients and out-patients were chosen for a trial. The results were striking: appetite increased as did weight, cough and sputum diminished and, in some cases, a positive sputum became negative. Work in various parts of the country soon showed that it was necessary to give streptomycin at the same time in order to prevent or delay the development of resistance of the germ to this drug, and simultaneous use of both drugs became the practice here. Our impressions in this clinic are that this combination of drugs is somewhat superior to the streptomycin and P.A.S. combination; at least it has the great benefit of obviating the unpleasant large dosage with P.A.S. which few patients were able really to tolerate. The first, and probably the most striking result of this treatment has been the delaying of deaths from advanced disease. Patients can be snatched from the brink and given at least a few more months of existence by its use. Early tuberculosis cases are benefited but, unfortunately, this treatment does not replace time-honoured measures of collapse and surgery.

It was decided before the beginning of last year that the Mass X-ray Unit would come to West Hartlepool once a month, and that the programme would be arranged a year in advance, all doctors being circulated. This has resulted in many more patients being referred to the Mass Radiography by doctors for vague illness, and our pick-up of tuberculosis from this source has been significantly larger. It has been particularly gratifying to get a number of really early cases with a correspondingly better outlook for cure.

The Council have helped us greatly in our work with their interest and their efforts in relation to the re-housing of the tuberculous. We sometimes feel that we have strained their goodness in this latter respect, but I am sure that these moves are all to the good and will not be regretted. I still feel that very effort must be continued to get more Tuberculosis Health Visitors. No amount of treatment or propaganda can replace the work of a good Health Visitor.

The statistics show a decrease both in new cases and in deaths. No firm conclusions should be drawn from these reductions. They are encouraging, but they should not be taken to indicate that the end of the problem is in sight.

1. No. of T.B. cases on Register 1st, January, 1952	464
2. No. of cases treated from other areas, and cases returned after discharge under heading 3 in previous years.....	2
3. No. of cases treated from other areas, cases not desiring assistance, and cases 'lost sight of'	6
4. Cases written off during the year as dead (all causes).....	21
5. Cases written off during the year as recovered.....	71
6. No. of new cases during the year diagnosed T.B.	65 × 1 N.R.
7. No. of transfers from other clinics	9
8. No. of attendances at Dispensary	1,878
9. No. of T.B. cases on Register, 31st December, 1952	447

VENEREAL DISEASES REPORT.

(By DR. E. CAMPBELL).

During the year 1952, the total number of patients attending the Mill House Clinic, West Hartlepool, was 254 compared with 295 in the previous year, and the total attendances made (1760) almost identical to those in 1951 (1752). The fall in the number of patients seen was accounted for by the decrease of fresh patients during the year. These cases, attending for initial investigation and treatment if necessary are sub-divided by disease and the area in which they reside, the attached table giving these statistics for the last three years.

The number of patients suffering from all stages of Syphilis coming to the clinic for the first time in 1952 rose from 27 to 35 and accounted for 23% of the total new cases seen. This is in a large measure due to cases of late syphilis, and positive findings at ante-natal clinics being referred to the clinic for further investigation and treatment. The actual incidence of early infective syphilis remaining at the low level of 2% of the total number of patients attending. Cases of congenital syphilis diagnosed during the year numbered 8 and are classified by age groups as shown in the appended table.

Cases of Gonorrhœa diagnosed during the year fell from 59 to 37, and the number of patients attending for examination in which no evidence of venereal infection was found numbered 77.

During the year, 26 contacts of infected patients attended of whom 19 were found to be free from infection.

FRESH CASES ATTENDING THE CLINIC FOR THE FIRST TIME.

<i>Disease</i>	<i>West Hartlepool</i>			<i>Co. Durham</i>			<i>Merchant Seamen</i>		
	1950	1951	1952	1950	1951	1952	1950	1951	1952
Syphilis	14	16	27	4	7	7	—	4	1
Gonorrhœa	24	36	16	15	9	8	12	14	13
Other Cases	44	52	55	27	34	15	16	16	7

CASES OF CONGENITAL SYPHILIS (1952) CLASSIFIED BY AGE.

<i>Under 1 year</i>	<i>1 year and under 5 years</i>	<i>5 years and under 15 years</i>	<i>15 years and over</i>
1	Nil	4	3

WELFARE SERVICES UNDER THE NATIONAL ASSISTANCE ACT.

The number of persons resident in accommodation provided under Part III of the National Assistance Act at the end of the year was as follows :—

	<i>Men</i>	<i>Women</i>	<i>Children</i>
Howbeck Hostel	59	14	—
Hazelhurst Hostel	—	16	—

BRIARFIELDS HOSTEL.

The Contractors handed over the building in the middle of the year after the necessary electrical and central heating equipment had been installed and arrangements were started for the laying of the linoleum and the furnishing generally. The Superintendent and Housekeeper Cook were appointed in November and it is expected that 32 residents from Howbeck will be in occupation in the early part of next year.

DINSDALE LODGE.

Work has proceeded on the conversion of this building for the accommodation of 12 men and 14 women and it is expected that occupation of the Hostel will take place in the latter part of 1953.

FURTHER HOSTEL ACCOMMODATION.

During the year representation was again made by the Hospitals Management Committee regarding the early vacation of Howbeck Hostel and the Borough Architect was instructed to prepare a further scheme for the extension of Briarfields Hostel in order to accommodate an additional 14 old persons. The scheme which took the form of a Dormitory Wing and necessary ancillary accommodation was later submitted to the Welfare Committee and the Town Clerk was instructed to obtain the views of the Minister of Health on the scheme. These views were being awaited at the end of the year.

HOSTEL SITUATION GENERALLY—HOMELESS FAMILIES.

The admission of several homeless families to the Howbeck Hostel during the year caused accommodation difficulties for in spite of the Housing Committee's agreement to accept responsibility for rehousing these families, the length of their stay in the Hostel prior to rehousing prevented the admission of other deserving cases.

There is no doubt that further hostel accommodation is needed and even when Dinsdale Lodge and Briarfields are available there will be insufficient accommodation for women, and even on present figures there will still be a balance of some 15 men at Howbeck Hostel.

The two alternatives are the provision of a further hostel or the continued use of accommodation at Howbeck Hostel.

HANDICAPPED PERSONS (OTHER THAN BLIND AND PARTIALLY-SIGHTED PERSONS).

In the early part of the year the Welfare Committee invited representatives of certain local Voluntary Organisations to meet and discuss with the Council's Handicapped Persons Sub-committee the question of making a scheme to provide welfare services for Handicapped Persons, as envisaged in the Ministry of Health Circular, 32/51.

A joint meeting was held accordingly when representatives of the Voluntary Organisations reported on the scope of the services which they were rendering and expressed the view that so far as they were concerned, they preferred to carry on their work on the same basis rather than that the Council should make a formal Scheme. At the same time the representatives stated that they would appreciate any financial assistance which might be forthcoming from the Council and they were informed that any applications for such assistance would receive careful consideration by the Welfare Committee.

DEAF AND DUMB PERSONS.

Arising also out of the Ministry of Health Circular 32/51 a meeting took place with representatives of the Northumberland and Durham Mission to the Deaf and Dumb—a voluntary organisation providing services in the town for deaf and dumb persons. As a result of this meeting the Welfare Committee felt that the Mission was discharging satisfactorily services providing for the needs of the local deaf and dumb population, and assured the Mission of the Council's support in their work. Subsequently, after an approach from the Northumberland and Durham Mission the Council agreed to make a contribution of £150 towards their funds for the financial year 1951/52, and this contribution was renewed in the year 1952/53.

NATIONAL ASSISTANCE ACT, 1948. SECTION 47.

NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951.

No cases were dealt with under the above provisions during the course of the year.

MENTAL HEALTH SERVICES.

The service is carried out under the supervision of the Council's Health Committee which meets once every month. The Committee consists of 11 elected members and 2 co-opted members.

Staff employed in the Mental Health Service is as follows :—

Medical Officer of Health.

Two Assistant Medical Officers of Health.

Two Administrative Officers who are also Duly-Authorised Officers.

One Male Clerk.

The visiting of female mental defectives under supervision is carried out by the Health Visiting Staff.

LUNACY AND MENTAL TREATMENT.

There was a large drop in the number of male patients who elected to enter a mental hospital, while there was a slight increase in the number of females. At the same time the number of males and females who were certified increased. This tendency is to be regretted as it is the object of the Mental Health Service to encourage people to seek early treatment. However it is known that several people make arrangements through their own medical attendants to enter hospital and this factor should be taken into account when considering the overall picture.

WORK UNDERTAKEN IN THE COMMUNITY.

I made reference last year to an agreement with Durham County Council for the sharing of the services of their Mental Health Worker, for whom they were then advertising, on the same basis as that of the former representative of the National Association for Mental Health. Unfortunately Durham has so far been unable to obtain a qualified visitor and the work has been done by the staff of my department. Naturally this has meant a limiting of the services available and if the work is to be done properly and all cases covered the services of a specialist officer must be obtained.

ACCOMMODATION FOR MENTAL DEFECTIVES.

Finding vacancies in Institutions for Mental Defectives is still the biggest problem of the Mental Health Service, not only locally but nationally as well. During the year the Town Clerk wrote to the Minister of Health

on this problem and the Minister's reply pointed out the nation-wide difficulty in this matter and indicated that everything was being done to alleviate the position. Only those patients with a high priority were being admitted.

Patients awaiting admission to Hospital are visited in the same way as those under Statutory Supervision.

Supervision of mental defectives on licence is carried out in conjunction with the Welfare Officer of Prudhoe & Monkton Hospital.

OCCUPATIONAL THERAPY CENTRE.

A start on this building was made during the early part of this year and there is every reason to believe that it will be completed in 1953.

LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

	Male	Female	Total
Admissions to Mental Hospitals :—			
(i) Voluntary	5	6	11
(ii) Temporary	—	1	1
(iii) Certified	13	25	38
Totals	18	32	50

MENTAL DEFICIENCY ACTS, 1913-1938.

	Male	Female	Total
(i) In Institutions	53	35	88
(ii) On licence from Institutions	4	—	4
(iii) Under Guardianship	—	—	—
(iv) In "Place of Safety"	6	—	6
(v) Under Statutory Supervision	27	25	52
(vi) Under Voluntary Supervision	2	—	2
(vii) No. of M.D.'s who have ceased to be under care....	3	2	5
(viii) Awaiting accommodation in suitable hospitals, including "Place of Safety" cases and a number under Statutory Supervision	10	1	11

MENTAL DEFECTIVES ASCERTAINED BETWEEN
1st JANUARY AND 31st DECEMBER, 1952.

	Male	Female	Total
1. Ascertainment :—			
(i) Cases reported by Local Education Authority under Section 57(3)	2	—	2
(ii) Cases reported by Local Education Authority under Section 57(5)	—	—	—
Other cases reported and ascertained to be "subject to be dealt with"	6	1	7
Other cases reported who are not at present "subject to be dealt with" but for whom the Local Health Authority may subsequently become liable	—	—	—
	8	1	9
2. Disposal of cases reported :—			
(i) Admission to Institutions	3	—	3
(ii) Placed under Guardianship	—	—	—
(iii) Taken to "Place of Safety"	—	—	—
(iv) Placed under Statutory Supervision	5	1	6
(v) Died or removed from area	—	—	—
(vi) Action not yet taken	—	—	—
(vii) Placed under voluntary supervision	—	—	—
Totals	8	1	9

Newcastle-upon-Tyne Regional Hospital Board

Mass Radiography Unit 1C

Statistical Report

West Hartlepool
1952

Table 1.

NUMBER OF MALES X-RAYED AND REFERRED TO CHEST CLINICS,
SHOWING ABNORMALITIES FOUND.

Examinees	Miniature films	Diagnosed on Miniature Films	To Chest Clinics	Did Not Attend	N.A.D. at Clinic	ABNORMALITIES FOUND					
						Active T.B.	Inactive T.B.	Thoracic Neoplasm	Bronchi- ectasis	Miscel- laneous	Out- standing Cases
Nat. Ser. Recruits	781	1	24	1	11	3	4	—	2	3	1
T.B. Contacts	—	—	—	—	—	—	—	—	—	—	—
Schoolchildren	561	1	7	—	1	1	5	—	1	—	—
Corporation Departments	209	—	3	—	1	—	1	—	—	—	1
Miscellaneous	2,171	3	89	4	7	*10	24	7	9	24	7
TOTAL	3,722	5	123	5	20	14	34	7	12	27	9

*This figure includes one case of Miliary Tuberculosis.

Table 2.

NUMBER OF FEMALES X-RAYED AND REFERRED TO CHEST CLINICS,
SHOWING ABNORMALITIES FOUND.

Examinees	Miniature films	Diagnosed on Miniature Films	To Chest Clinics	Did Not Attend	N.A.D. at Clinic	ABNORMALITIES FOUND					
						Active T.B.	Inactive T.B.	Thoracic Neoplasm	Bronchi- ectasis	Miscel- aneous	Out- standing Cases
Schoolchildren	321	—	4	1	—	—	2	—	—	1	—
T.B. Contacts	—	—	—	—	—	—	—	—	—	—	—
Corporation Departments	146	1	3	—	1	—	1	—	1	1	—
Ante-Natal Patients	4	—	—	—	—	—	—	—	—	—	—
Miscellaneous	2,834	1	87	6	10	15	24	2	5	25	1
TOTAL	3,305	2	94	7	11	15	27	2	6	27	1

Table 3.

NUMBER OF MALES AND FEMALES X-RAYED AND
REFERRED TO CHEST CLINICS

X-rayed on Miniature Film.....	7,027	
Referred to Chest Clinics for Large Film	217	=3.08% of total X-rayed
Found to be Normal at Clinic.....	31	=14.28% of total X-rayed referred to C. Clinic.
Found to be Abnormal at Clinic ...	164	=7.57% of total referred to to C. Clinic.
Found to have Active Pulmonary Tuberculosis	28	=12.9% of total referred to C. Clinic.

Table 4.

ABNORMALITIES SHOWN IN DISEASE GROUPS—
MALES AND FEMALES.

Active Pulmonary Tuberculosis	28	=0.39% of total X-rayed.
Miliary Tuberculosis	1	
Inactive Pulmonary Tuberculosis ..	61	=0.86% „ „ „
Thoracic Neoplasm	9	=0.12% „ „ „
Bronchiectasis	18	
Pleural Abnormalities	11	
Pneumoconiosis	3	
Bronchitis and Emphusema.....	5	
Cardiac Disease	18	=0.25% „ „ „
Miscellaneous	17	
	<hr/>	
	171	=2.43% „ „ „
	<hr/>	

The number of attendances in 1952 was 1,610 lower than 1951, and as we were not able to visit Messrs. Cerebos due to the Unit breaking down, the total attendances for the West Hartlepool District are about 2,000 down on 1951. The number of abnormalities found does not reflect the smaller numbers X-rayed, and 171 abnormalities were discovered in 1952 against 130 in 1951. Cases of Active Tuberculosis were about the same, 28 in 1952 and 27 in 1951. Most other disease groups increased in 1952, Thoracic Neoplasm jumping from 3 in 1951 to 9 in 1952. The results in West Hartlepool are similar to those in most of the other towns the Unit visited, attendances went down, but the pathology increased. On the whole of the Unit's area attendances were 7,000 less than in 1951, but abnormality increased by nearly 200, the cases of Active Pulmonary Tuberculosis showing the greatest increase by 70 cases, i.e. :—

1951 — 174 : 1952 — 244.

ANNUAL REPORT.

(By MR. J. C. LIGHTFOOT, Chief Sanitary Inspector).

During 1952 steady progress has been made in improving the standards of environmental hygiene in the County Borough. The effort expended in reducing the factors liable to damage the health of the community is rarely appreciated until some serious outbreak brings headlines in the press. This effort is taken very much for granted and the bare figures of statistics give little indication of the amount of work expended in justifying them. Like the water supply, we only notice it when we haven't got it. In a field which covers such important matters as food hygiene and inspection, food and drug sampling, slum clearance, atmospheric pollution and numerous side lines, there is much of the routine and little which is spectacular.

Interest in atmospheric pollution increased considerably during the year and the public is becoming increasingly aware of this "aerial sewage." Unfortunately, there is still a large body of opinion which accepts it as a necessity of modern life and there are many who are completely indifferent. The serious death roll following the London "smog" of December has had much to do with the increase in public interest and has focussed Governmental attention on this unnecessary evil. The damage to building fabrics, textiles and vegetation, and the frequent need for cleansing and painting can only be roughly estimated. If we add the waste of fuel—(it is estimated that 4,000,000 tons of coal per annum could be saved in domestic fires alone by using the improved grates instead of the old type)—we then have some idea of the colossal cost of atmospheric pollution. A clean atmosphere is no "crank's" dream, but a feasible possibility of the future. Not even the most enthusiastic would expect it to happen "tomorrow" but we should not add to the existing pollution. All new houses built by the Corporation are fitted with the new grates which give a higher efficiency than the old and are designed primarily for the burning of solid smokeless fuels. There is no reason why newly-installed industrial plant should not be made to consume its smoke and arrest all grit. Local Authorities should insist on "prior approval" for the erection of all plant capable of polluting the atmosphere.

During the year further efforts were made to improve the standard of hygiene in food-handling establishments and three lectures on food hygiene were arranged. The response was most gratifying and some 250 food handlers, representing all the food trades, attended these lectures. Considerable interest was shown and requests were made for further lectures during

the coming year. Arrangements are being made to run a course of lectures and to award suitable certificates to those completing the course. It is vitally important that food handlers should realise their responsibilities and appreciate the importance of their work to the community.

Conditions in food premises generally continued to improve during the year. Most food premises now have hot and cold water facilities and many firms have voluntarily improved the layout and appearance of their premises, but there is still scope for considerable improvement.

The large increase in the number of new houses constructed during the past year has allowed a start to be made in slum clearance. The Catherine Street Clearance Area is the first post-war area to be represented in the Borough and is a start in the redevelopment of the Central Area. Unfortunately there are many more dwelling houses in this area which cannot be made fit for habitation at reasonable expense, and owners continue to offer properties to the Corporation as a gift, or at site value. The individual demolition of houses gives the streets in this area a derelict and untidy appearance, and the only satisfactory method of dealing with these areas is by clearance.

The rehousing of single tenants from these areas, particularly the men, presents a problem. Single bedroom flats are available, but many single persons from these areas have not the furniture or the income to maintain a flat. Unfortunately, the present accommodation in lodging-houses is totally inadequate to meet the existing need and the Council will have to consider providing this type of accommodation in the near future.

Early in the year, I drew the attention of the Council to the need for caravan camping facilities in the town. The present position is most unsatisfactory, the only licensed site being a small yard with few facilities and space for four caravans. Caravan owners continue to call at this office and ask where they may site their caravans. The small yard has permanent occupants and consequently these people place their vehicles wherever they can. Invariably there is no water supply or drainage, and the arrangement is most unsatisfactory for the caravan dweller and the nearby householders. The caravan dweller today is a totally different person from the pre-war days, and he is here to stay both as a permanent resident and a "week-ender." It is more satisfactory for all concerned if he has a suitable site, provided with the necessary amenities and facilities under effective supervision.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

The water supply to the area is in the hands of a private Company who obtain their supplies from deep boreholes. From these boreholes the water is pumped into a large covered tank which provides sufficient head pressure for circulation to most of the Borough.

The Westerly portion of the Borough being at a higher elevation is supplied from an underground tank at Naisberry about one mile West of the Borough Boundary. Water is pumped to this tank from the water works in the town.

Arrangements are almost completed for supplying the Southern part of the Borough from the Naisberry tanks and a new borehole at this site will be in operation early in 1953. This source will give a much greater water pressure to the new housing estates in the Southern part of the town, and it is the Water Company's intention to gradually increase the area of the Borough served by the Naisberry supply.

The water supply is abundant for present needs, although very hard. It is interesting to note that analyses of samples of water taken from the new borehole at Naisberry indicate an appreciable reduction in the hardness of the water from this source.

The following is a typical analysis of the local supply :—

	<i>Parts per 100,000</i>
Chlorine as Chlorides	14.9000
Nitrogen as Nitrates.....	0.1400
Ammonia	0.0023
Albuminoid Ammonia	0.0015
Oxygen Absorption.....	0.0285
Injurious Metals	None
Total Solid Matter dried @ 100° C.....	92.0000
pH value of Sample	7.5
<hr/>	
Temporary Hardness 23.2 Degrees	
Permanent Hardness 28.6 „	
Colour of Sample on Hazen Scale	2
Appearance of Sample in 2-foot tube	Not quite bright
Odour when heated to 50° C.	None
<hr/>	

MICROSCOPICAL EXAMINATION.

Satisfactory.

BACTERIOLOGICAL EXAMINATION.

Number of colonies on Nutrient Agar @ 37° C. after 72 hours	0 per ml.
Number of colonies on Nutrient Agar @ 20-22° C. after 72 hours	0 per ml.
Presumptive B. Coli Test @ 37°C. after 72 hours.....	Negative in 100 ml.
Clostridium Welchii Test @ 45° C. in 40 ml.....	Negative

OBSERVATIONS.

This sample is of normal quality when judged by the results of the chemical analysis and the physical examination and, from the bacteriological point of view, it is of a high order of purity ; consequently, the supply represented by this sample is of good and wholesome quality for human consumption.

ATMOSPHERIC POLLUTION.

Deposit gauges and Sulphur Dioxide measuring instruments have been installed by many Local Authorities to determine the amount of atmospheric pollution in their areas. This Authority maintains four standard deposit gauges sited at :—

(a) Gray Art Gallery (b) Dyke House Girls' School (c) Grantully Maternity Home (d) Golden Flatts School.

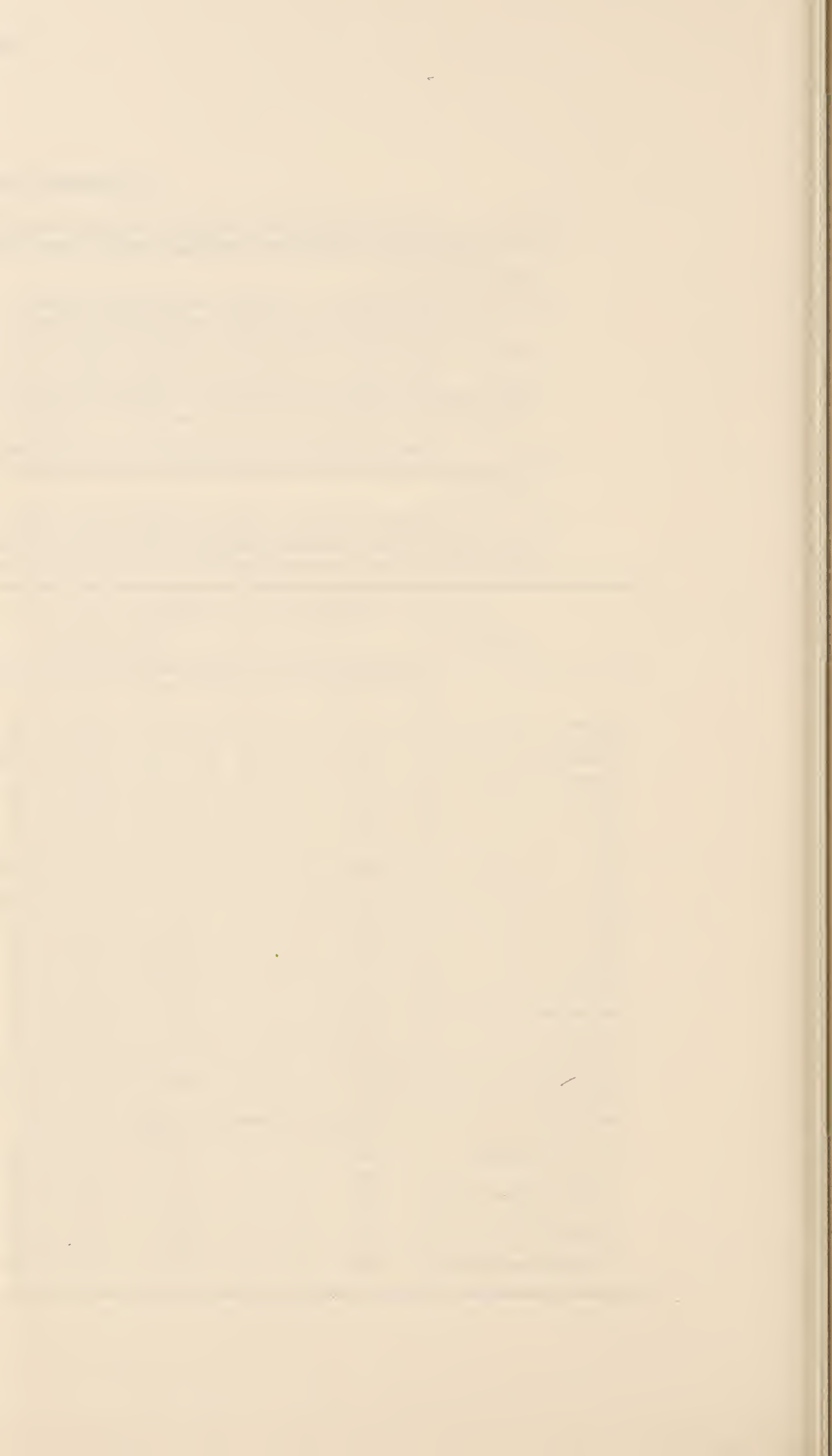
The gauge at the Gray Art Gallery has been in operation throughout the year, but delivery of the other gauges did not take place until November, these three gauges being in use for the month of December only.

The gauges are sited about half a mile apart and cover a reasonable cross-section of the town, deposits in some gauges being predominantly industrial and in others, domestic. The results of the analyses should be considered in conjunction with the record of wind and rainfall.

Smoke and grit nuisances do not confine themselves to Local Authorities' boundaries and the Council is a member of the Teesside Smoke Abatement Committee. Co-operative action has been taken to improve conditions in the area.

During the year a large coal-burning boiler plant in the central area of the town was converted from hand-firing to mechanical stoking. This factory has been the cause of considerable nuisance and tests have shown that the new equipment can provide the necessary steam without the nuisance, and save expensive fuel.

[illegible]



HOUSING.

The number of inhabited houses in the Borough at the end of 1952 was 20,725, with a population of 72,100. This gives a figure of 3.5 persons per house.

During 1952, 30 houses were built by private enterprise and 296 houses were built by the Corporation.

1. INSPECTION OF DWELLING HOUSES DURING THE YEAR :—

(1)	(a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	1,013
	(b)	Number of inspections made for the purpose	4,940
(2)	(a)	Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	120
	(b)	Number of inspections made for the purpose	600
(3)		Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation . . .	40
(4)		Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	762

2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	580
---	-----

3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—

A. Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936—

(1)	Number of dwelling houses in respect of which notices were served requiring repairs	80
(2)	Number of dwelling houses which were rendered fit after service of formal notices :—	
	(a) By owners	33
	(b) By local authority in default of owners	6

B. Proceedings under Public Health Acts :—	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied.....	140
(2) Number of dwelling houses in which defects were remedied after service of formal notices :—	
(a) By owners.....	101
(b) By local authority in default of owners.....	10
C. Proceedings under Sections 11 and 13 of the Housing Act, 1936—	
(1) Number of dwelling houses in respect of which Demolition Orders were made	25
(2) Number of dwelling houses demolished in pursuance of Demolition Orders.....	16
D. Proceedings under Section 12 of the Housing Act, 1936—	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	3
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—
4. HOUSING ACT, 1936, PART IV, OVERCROWDING :—	
(a) (i) Number of dwellings overcrowded at the end of the year.....	490
(ii) Number of families dwelling there in.....	510
(iii) Number of persons dwelling there in.....	3,277
(b) Number of new cases of overcrowding reported during the year	60
(c) (i) Number of cases of overcrowding relieved during the year	80
(ii) Number of persons concerned in such cases.....	576
(d) Cases in which dwelling houses have again become overcrowded after the Local Authority has taken steps for the abatement of overcrowding	—

SANITARY INSPECTION OF THE DISTRICT.

Inspections were made as follows :—

1,801 Visits under the Housing Acts.

3,139 Visits under the Public Health Acts.

20 Visits to Workplaces.

93 Visits under the Factories Act.

7 Visits under the Merchandise Marks Act.

460 Visits under the Food and Drugs Acts.

15 Visits under Shops Act.

2 Visits under the Rag Flock and Other Filling Materials Act, 1951

9 Visits under the Pet Animals Act.

232 Visits under the Milk and Dairies Regulations.

301 Visits to fish, fruit and meatshops (unregistered premises).

681 Visits to the Abattoir.

26 Visits to Places of Entertainment.

22 Visits to Offensive Trades.

26 Visits to Common Lodging Houses.

117 Visits to Cases of Infectious Diseases.

32 Visits to Sheds and Caravans.

1,194 Complaints attended to.

11 Drains examined.

20 Drains tested.

577 Complaints *re* Rats attended to.

457 Visits *re* Rats to lay pre-baits.

789 Visits *re* Rats to lay poison baits.

682 Visits *re* Rats other than above.

776 Intimation notices served.

324 Statutory notices served.

SANITARY DEFECTS DISCOVERED AND DEALT WITH BY THE
SERVICE OF INFORMAL OR STATUTORY NOTICES :—

Defective Drains	6
Stopped drains and water closets.....	113
Defective yard pavements.....	18
Defective spouts and fallpipes	422
Defective roofs	315
Defective brickwork	181
Defective water closets	182
Defective rainwater pumps, wells, etc.	96
Defective water taps, pipes, etc.	43
Defective floors	119
Defective wall and ceiling plaster	181
Defective doors	138
Defective windows	141
Defective setpots.....	41
Defective kitchen ranges	111
Defective sub-floor ventilation	12
Damp walls	96
No cooking facilities.....	3
No water supply provided.....	6
No washing facilities provided	3
No internal sink and water supply	2
New dustbins required.....	82
Defective or absent ash closet doors	6
Dirty dwellings	7
Factories not kept in a clean condition.....	7
Insufficient accommodation in Factories	3
Food shops not kept in a clean condition.....	1
Hot and cold water supply not provided (Food and Drugs Act).	5
Cesspool required	1
Animals improperly kept.....	1
Other nuisances and defects	166

2,508

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Two full-time Operators are employed by the Corporation to carry out the provisions of this Act, and the Sanitary Inspectors assist in an advisory capacity. In addition, sewer treatments are carried out twice yearly by the Borough Engineer's staff.

The methods of destruction used are those approved by the Ministry of Agriculture & Fisheries. Increased use has been made of the new rodenticide "Warfarin," with good results. This rodenticide has many advantages over the familiar poisons. Treatment can be continued without poison shyness until the infestation is cleared, and there is no danger to domestic animals. The results are not so spectacular as zinc phosphide but it is equally lethal to rodents in the long term.

Treatments vary from the single stray rat to heavy infestations of industrial premises, refuse tips, allotments etc. Much of the Operators' time is taken up in the survey of premises adjoining the infestation.

Cost of the treatment of business premises is borne by the occupier, and often the charge is strongly criticised. Unfortunately "the rat" always comes from next door, and it takes just as much time to remove the lone rat as to clear several. A charge of time and materials used is made for this service. The cost of treating dwelling houses is borne equally by the Ministry and the Local Authority.

Liaison is maintained with the Durham County Agricultural Committee Pests Officer and the staff of the Ministry of Agriculture and Fisheries in the treatment of agricultural land, and Crown property.

PREMISES AND OCCUPATIONS CONTROLLED BY BYELAWS OR REGULATIONS.

	<i>Number</i>
Marine Stores and Rag and Bone Dealers	4
Gut Scrapers	2
Tripe Boilers	2
Bone Boiler	1
Fat Renderer.....	1
Common Lodging Houses	3
Registered Houses-let-in-lodgings	9
Slaughter House	1
Dairy.....	1
Dairy registered to Pasteurise Milk.....	1

Shops Registered for Sale of Designated Milk :—

Tuberculin-Tested.....	14
Pasteurised.....	46
Sterilised.....	117

REGISTERED FOOD PREMISES

Number of premises

Ice-Cream.....	194
Cooked Meats, etc.	93
Cooked Fish.....	60

COMMON LODGING HOUSES.

SITUATION	Registered No. of Lodgers	No. of Rooms
18 Rokeby Street	13	6
2 Edward Street	15	4
26 George Street	11	4
TOTALS.....	39	14

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

This statute requires all premises using Rag Flock to be registered with the Local Authority. The purpose of the Act is to secure the use of clean filling materials in upholstered articles and other articles which are stuffed and lined.

Up to the end of the year four premises have been registered. The premises have been inspected but no samples have been taken for analysis.

PET ANIMALS ACT, 1951.

This statute came into operation on the 1st April, 1952 and requires all pet shops to be licensed with the Local Authority. The Local Authority has power to inspect these premises and enforce the provisions of the Act.

Four Shops are licensed as pet shops and all are maintained in a satisfactory condition.

BACTERIOLOGICAL EXAMINATION OF MILK.

MILK AND DAIRIES ACTS AND ORDERS
MILK (SPECIAL DESIGNATION) ORDERS, 1949.

1. RAW MILKS.

	No. of samples taken for examination			Source of Supply	Result	Action taken
	For presence of Tubercle bacilli	For Methylene Blue Reduction Test	For presence of Brucellus abort			
A	5 82	— —	— —	Local Supply Supply from outside borough	1 Positive 2 Positive	Responsible Authority notified. Animal slaughtered.
B	— —	11 82	— —	Local Supply Supply from outside borough	5 Satis'tory 6 Unsat'tory 29 Satis'tory 53 Unsat'tory	
C	— —	— —	7 51	Local Supply Supply from outside borough	1 Positive 1 Positive Remainder negative	Responsible Authority notified.

N.B.—12 milks taken for examination for tubercle bacilli and methylene blue reduction tests yielded no result.

2. PASTEURISED MILKS.

No. of samples taken for examination			Source of Supply	Result	Action taken
For Methylene Blue Reduction Test	For presence of B. Coli.	For Phosphatase Test			
12 26	12 26	12 26	Local Supply Supply from outside borough	Satisfactory Satisfactory	

The large number of unsatisfactory samples submitted for the methylene blue reduction test in (B) needs some explanation.

A raw milk sample satisfies the test if, between the 1st May and 31st October it fails to decolourise the methylene blue in $4\frac{1}{2}$ hours, or if, between the 1st November and 30th April it fails to decolourise the methylene blue in $5\frac{1}{2}$ hours.

The unsatisfactory samples in (B) have decolourised in periods varying from 0-5 hours, and in many cases sampling from one source has been repeated until the results have been satisfactory.

BACTERIOLOGICAL EXAMINATION OF ICE-CREAM, 1952.

TOTAL SAMPLES	GRADE 1	GRADE 2	GRADE 3	GRADE 4	RESULT NIL
212 100%	56 26.4%	47 22.2%	48 22.7%	61 28.8%	—

Samples were taken weekly during the summer months from manufacturers producing the most unsatisfactory results. Some of these manufacturers were found to be producing Grades III or IV consistently and the Council decided to take firm action if there was no improvement. Press publicity followed, and the gradings improved, but it is impossible to say how much of the improvement was due to improved handling of the ice-cream and how much was due to the early cold weather.

These results are to be followed up during 1953.

APPENDIX 1. BIRTHS.

	West H'pool.	WARDS								Transfers IN OUT
		North	West	Park	S.W.	S.E.	Cent'l	N.E.	Seaton	
No. of births	1,435	342	89	84	258	127	183	148	262	253 311
Percentage of total births	—	23.8	6.2	5.8	17.9	8.9	12.8	10.3	18.3	17.6 21.6

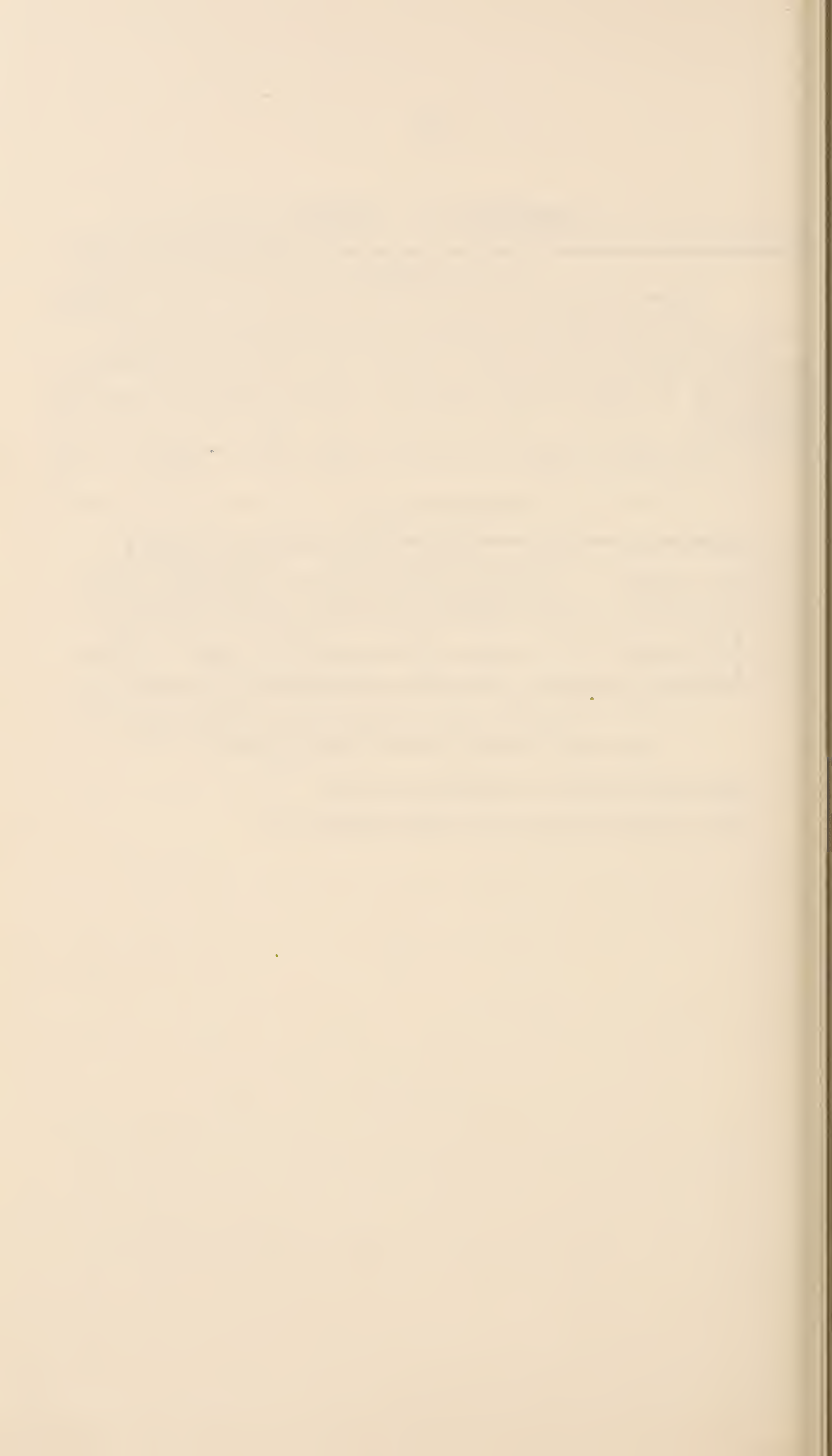
BIRTH RATES.

YEAR	WEST HARTLEPOOL		ENGLAND & WALES BIRTH RATE
	No. of Births	Birth Rate	
1952	1,435	19.90	15.3

NATURAL INCREASE OF POPULATION.

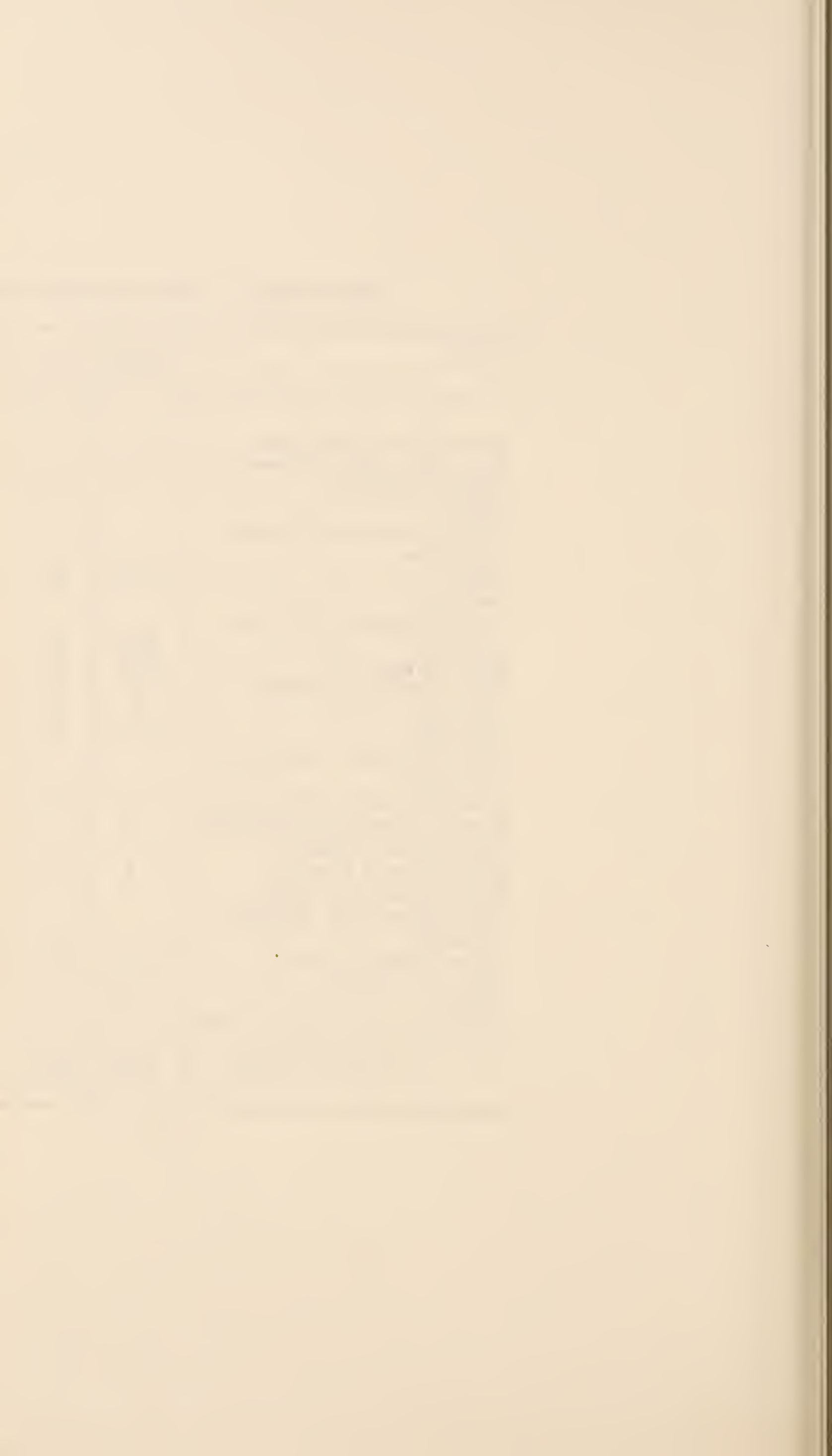
The natural increase of population was 616.

Rate of natural increase per 1,000 population, 8.5.



APPENDIX 2. THE DEATHS AS THEY OCCURRED IN THE WARDS.

	Total Deaths	WARDS								Transferable Deaths
		North	West	Park	S.-West	S.-East	Central	N.-East	Seaton	
Tuberculosis (respiratory)	22	3	1	3	2	1	2	7	1	2
Other Tuberculosis Diseases	3	—	—	—	—	2	—	—	—	1
Syphilitic Diseases	6	2	1	—	—	—	1	—	—	2
Measles	1	—	—	—	1	—	—	—	—	—
Other Infective and Parasitic Diseases	3	1	—	—	—	—	—	—	—	2
Cancer	154	26	12	15	20	11	15	14	23	18
Leukæmia	1	—	—	—	—	—	—	—	1	—
Vascular Lesions of Nervous System	103	20	11	12	18	1	4	15	16	6
Heart Disease	253	45	20	32	40	7	21	22	43	23
Other Circulatory Diseases	31	1	3	6	3	1	5	3	4	5
Pneumonia	43	6	4	3	8	1	5	4	8	4
Bronchitis	54	7	6	5	6	5	11	5	7	2
Other Diseases of Respiratory System	6	1	1	—	2	—	—	—	2	—
Ulcer of Stomach and Duodenum	11	1	—	3	2	—	1	2	1	1
Gastritis, Enteritis & Diarrhœa.	4	—	—	—	—	2	—	—	—	2
Nephritis and Nephrosis	10	3	2	—	—	2	—	1	2	—
Hyperplasia of Prostate	4	—	—	1	1	—	—	—	—	2
Congenital Malformations	9	1	—	—	—	1	1	—	2	4
Other defined and ill-defined diseases	68	10	1	12	5	5	12	3	7	13
Motor Vehicle Accidents	7	1	—	—	—	—	1	—	1	4
All other accidents	22	—	—	3	—	—	4	3	2	10
Suicide	3	1	1	1	—	—	—	—	—	—
Homicide and Operations of War	1	—	—	—	—	—	1	—	—	—
TOTAL DEATHS	819	129	63	96	108	39	84	79	120	101



APPENDIX 3. TABLE SHOWING CAUSES OF, AND AGES AT DEATH.

CAUSE OF DEATH	Total Deaths	AGE GROUPS									Deaths in Institutions
		Under 1	1-2	2-5	5-15	15-25	25-45	45-65	65-75	75 up	
Tuberculosis (respiratory)	22	—	—	—	—	3	8	11	—	—	9
Other Tuberculosis Diseases	3	—	—	—	1	—	1	1	—	—	2
Syphilitic Diseases	6	—	—	—	—	—	1	4	1	—	5
Measles	1	—	1	—	—	—	—	—	—	—	1
Other Infective and Parasitic Diseases	3	—	—	1	—	—	—	2	—	—	3
Cancer	154	—	—	—	3	1	11	62	41	36	67
Leukæmia	1	—	—	—	—	—	—	—	1	—	—
Vascular Lesions of Nervous System	103	—	—	—	—	—	1	19	32	51	38
Heart Disease	253	—	—	—	—	1	6	63	81	102	68
Other Circulatory Diseases	31	—	—	—	—	—	—	7	8	16	15
Pneumonia	43	18	—	2	1	—	—	3	8	11	29
Bronchitis	54	1	—	—	—	—	—	15	18	20	12
Other Diseases of Respiratory System	6	—	—	—	—	1	1	2	—	2	3
Ulcer of Stomach and Duodenum	11	—	—	—	—	—	1	5	4	1	10
Gastritis, Enteritis and Diarrhœa	4	3	—	—	—	—	—	—	—	1	2
Nephritis and Nephrosis	10	—	—	—	1	—	2	—	2	5	6
Hyperplasia of Prostate	4	—	—	—	—	—	—	—	2	2	4
Congenital Malformations	9	8	—	—	—	—	1	—	—	—	7
Other defined and ill-defined diseases	68	24	1	1	—	1	6	10	11	14	42
Motor Vehicle accidents	7	—	—	2	1	1	1	2	—	—	4
All other accidents	22	3	—	2	2	1	3	6	2	3	12
Suicide	3	—	—	—	—	—	—	3	—	—	1
Homicide and Operations of War	1	—	—	—	—	—	1	—	—	—	—
TOTAL DEATHS	819	57	2	8	9	9	44	215	211	264	340

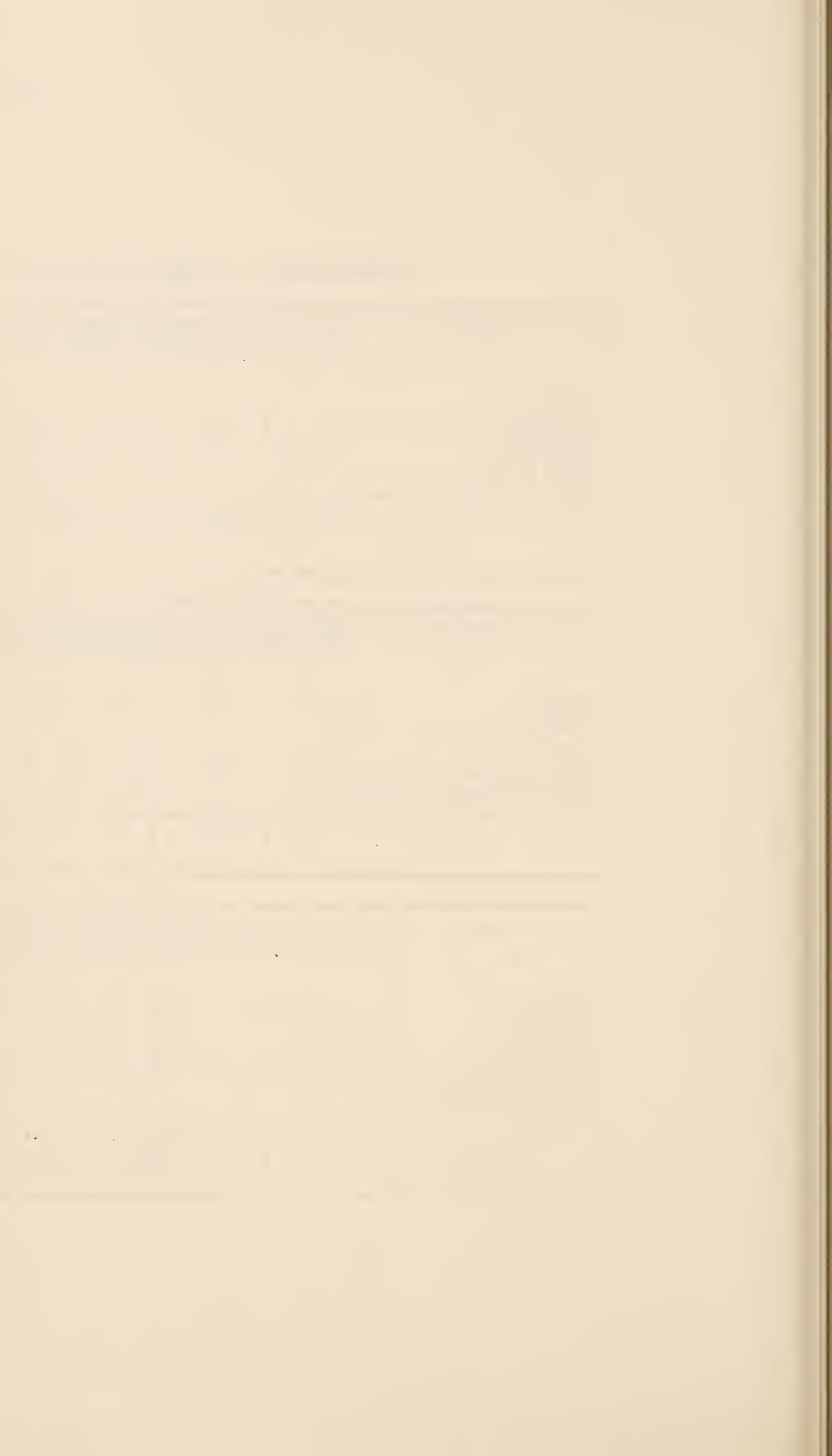


APPENDIX 4. WEEKLY RETURN OF DEATHS FROM CHEST DISEASES.

DISEASE	5th Jan.	12th Jan.	19th Jan.	26th Jan.	2nd Feb.	9th Feb.	16th Feb.	23rd Feb.	1st Mar.	8th Mar.	15th Mar.	22nd Mar.	29th Mar.	5th Ap!.	12th Apl.	19th Apl.	26th Apl.	3rd May	10th May	17th May	24th May
Phthisis	1	2	—	—	1	1	—	1	2	1	1	1	1	1	—	2	1	1	—	—	1
Bronchitis	1	4	3	3	1	2	3	—	—	2	—	1	2	1	3	2	3	—	3	1	—
Pneumonia.....	1	—	—	—	2	—	1	1	1	2	2	—	—	4	—	—	2	1	1	—	
Heart Disease	3	8	7	9	7	10	6	7	9	5	9	6	7	3	3	5	2	3	9	5	—
Other Respiratory Disease	—	—	—	—	—	1	1	—	—	—	—	—	—	—	2	—	—	—	—	1	—
TOTALS....	6	14	10	12	11	14	11	9	12	10	12	8	10	9	8	9	8	5	13	8	1

DISEASE	31st May	7th June	14th June	21st June	28th June	5th July	12th July	19th July	26th July	2nd Aug.	9th Aug.	16th Aug.	23rd Aug.	30th Aug.	6th Sept.	13th Sept.	20th Sept.	27th Sept.	4th Oct.	11th Oct.	18th Oct.
Phthisis	1	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Bronchitis	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	1	2	—	—	1
Pneumonia	—	—	2	—	—	—	1	1	1	2	1	—	1	—	1	—	—	2	1	—	2
Heart Disease	3	4	10	4	2	3	3	5	3	1	3	6	9	1	3	3	2	3	4	3	4
Other Respiratory Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS.....	4	4	13	5	3	4	4	6	4	4	4	6	10	1	4	3	4	7	5	3	7

DISEASE	25th Oct.	1st Nov.	8th Nov.	15th Nov.	22nd Nov.	29th Nov.	6th Dec.	13th Dec.	20th Dec.	27th Dec.	31st Dec.	Total
Phthisis	1	—	—	—	—	1	—	—	—	—	—	25
Bronchitis	—	1	1	—	3	2	—	3	—	2	1	54
Pneumonia	1	—	—	1	1	1	2	1	2	—	—	43
Heart Disease	4	5	3	6	4	7	7	1	5	6	3	253
Other Respiratory Disease	—	—	—	—	—	—	—	1	—	—	—	6
TOTALS.....	6	6	4	7	8	11	9	6	7	8	4	381



APPENDIX 5. DEATHS.

	West Hartle- pool	N.	W.	P.	S.W.	S.E.	C.	N.E.	S.	Trans- ferable Deaths
No. of deaths	819	129	63	96	108	39	84	79	120	101
Percentage of Total Deaths		15.7	7.7	11.7	13.2	4.8	10.2	9.7	14.7	12.3

APPENDIX 6. TRANSFERABLE DEATHS.

DEATHS OCCURRING IN:—	MALES	FEMALES	TOTAL
Hartlepool's Hospital, Hartlepool	35	24	59
Royal Victoria Infirmary, Newcastle upon Tyne	2	1	3
Newcastle General Hospital, N'castle upon Tyne.	4	—	4
Sedgefield General Hospital	2	1	3
Other Hospitals	14	6	20
Other Areas	5	7	12
TOTALS	62	39	101

APPENDIX 7. DEATH RATES.

YEAR	WEST HARTLEPOOL		ENGLAND AND WALES
	No. of Deaths	Death Rate	
1952	819	11.36	11. 3

APPENDIX 8. CANCER DEATHS.

Year	No. of Cancer Deaths	Males	Females	Death Rate	Deaths from all causes	Percentage of total deaths
1952	154	92	62	2.08	819	18.80

APPENDIX 9.

CANCER DEATHS — PARTS OF BODY AFFECTED.

PARTS AFFECTED	Age Sex	Under 35		35 to 45		45 to 55		55 to 65		65 to 75		Over 75		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Peritoneum, Intestine Rectum.....		1	—	2	1	1	1	3	4	5	7	6	4	18	17
Stomach, Liver, etc.		1	—	1	—	6	2	7	1	7	3	2	5	24	11
Genito-Urinary Organs ..		—	—	—	1	—	4	—	3	—	2	2	2	2	12
Breast.....		—	—	—	—	—	2	—	1	—	2	—	3	—	8
Other Glands.....		1	1	—	—	—	—	1	—	1	1	2	—	5	2
Respiratory System.....		2	—	1	1	8	1	8	4	8	1	7	—	34	7
Mouth.....		—	—	—	—	—	—	1	1	2	1	2	—	5	2
Other Parts.....		2	—	—	—	—	—	1	2	—	1	1	—	4	3
TOTALS.....		7	1	4	3	15	10	21	16	23	18	22	14	92	62

The deaths were ascribed to—

No. of deaths

Carcinoma 135

Sarcoma 1

Epithelioma 6

Cancer (no classification)..... 12

154

APPENDIX 10. INFANTILE MORTALITY RATE.

YEAR	WEST HARTLEPOOL			ENGLAND & WALES Rate
	Births	Deaths	Rate	
1952	1435	57	40	27.6

APPENDIX 11.

INFANT MORTALITY IN THE WARDS.

CAUSE OF DEATH	North	West	Park	South West	South East	Cent'l	North East	Seaton	Trans- ferable	Total
Bronchitis	—	—	—	—	—	1	—	—	—	1
Pneumonia.....	3	2	—	2	2	2	3	3	1	18
Congestion of the Lungs	—	1	—	—	—	2	—	1	1	5
Premature Birth.....	2	—	1	—	4	2	—	3	4	16
Marasmus.....	—	—	—	—	1	—	—	—	—	1
Atelectasis	—	—	—	—	—	1	—	—	—	1
Accidents	—	—	1	—	—	1	1	—	—	3
All other causes	1	—	1	—	—	1	—	2	7	12
TOTALS.....	6	3	3	2	7	10	4	9	13	57

APPENDIX 13.

BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY,
1952.

	England and Wales	160 County Boroughs and Great Towns including London	160 Smaller Town, estimated resident popu- lation 25,000 to 50,000 Census 1931	London Administrative County	West Hartlepool
RATE PER 1,000 TOTAL POPULATION					
Live Births	15.3	16.9	15.5	17.6	19.90
Still Births	0.35	0.43	0.36	0.34	0.46
ANNUAL DEATH RATE PER 1,000 TOTAL POPULATION					
All Causes	11.3	12.1	11.2	12.6	11.36
Typhoid and Paratyphoid	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.00	0.00	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.24	0.28	0.22	0.31	0.35
Influenza	0.04	0.04	0.04	0.05	0.00
Acute Poliomyelitis & Polioencephalitis	0.01	0.01	0.00	0.01	0.00
Pneumonia	0.47	0.52	0.43	0.58	0.60
RATE PER 1,000 LIVE BIRTHS					
Diarrhoea and Enteritis (under 2 years of age)	1.1	1.3	0.5	0.7	0.04
Total deaths under 1 year of age	27.6(a)	31.2	25.8	23.8	39.7

(a) Per 1,000 related live births.

APPENDIX 14.

TABLE SHOWING BIRTHS, DEATHS, INFANT MORTALITY AND INFECTIOUS DISEASE IN THE WARDS.

WARDS	BIRTHS		DEATHS		INFANTILE MORTALITY		INFECTIOUS DISEASE	
	No.	Rate per 1,000 total population	No.	Rate per 1,000 total population	No. of deaths	Rate per 1,000 total live births	No. of cases	Percentage of total
North.....	342	4.74	129	1.79	6	4.2	149	14.9
West	89	1.23	63	0.87	3	2.1	86	8.6
Park.....	84	1.17	96	1.33	3	2.1	90	9.0
South West....	258	3.58	108	1.50	2	1.4	148	14.8
South East	127	1.76	39	0.54	7	4.9	94	9.4
Central.....	183	2.54	84	1.07	10	7.9	61	6.1
North East	148	2.05	79	1.10	4	2.8	95	9.5
Seaton	262	3.63	120	1.66	9	6.3	278	27.7

APPENDIX 15. PUBLIC ABATTOIR.

Animals Slaughtered at Abattoir.

YEAR	BEASTS	SHEEP	CALVES	PIGS	TOTAL
1943	2,340	12,774	38	123	15,275
1944	2,852	11,481	37	114	14,484
1945	2,899	12,002	20	132	15,053
1946	3,526	14,617	634	22	18,799
1947	3,278	10,336	43	10	13,667
1948	2,947	9,867	2,424	44	15,282
1949	3,407	11,631	2,082	99	17,219
1950	4,257	13,049	324	444	18,074
1951	4,026	10,521	329	931	15,807
1952	4,094	14,278	486	1,830	20,688

YEAR	Total Cattle slaughtered (including calves)	Number affected with Tuber- culosis	Percentage affected	Total number of pigs slaughtered	Number affected with Tuber- culosis	Percentage affected
1943	2,378	124	5.25	123	2	1.62
1944	2,889	102	3.57	114	—	—
1945	2,919	154	5.31	132	3	2.27
1946	4,160	225	6.38	22	—	—
1947	3,321	417	12.55	10	1	10.00
1948	5,371	461	8.58	44	4	9.09
1949	5,489	826	15.05	99	11	11.11
1950	4,581	1,239	27.05	444	21	4.73
1951	4,355	1,315	30.19	931	52	5.58
1952	4,580	1,126	24.58	1,830	138	7.54

CARCASSES INSPECTED AND CONDEMNED.

	Cattle, including Cows	Cattle, excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	4,094	—	—	486	14,278	1,830
Number inspected	4,094	—	—	486	14,278	1,830
TUBERCULOSIS :—						
Whole carcasses condemned.	—	8	9	3	—	3
Carcasses of which some part or organ was condemned..	—	571	535	—	—	135
Percentage	27.43	—	—	.617	—	7.54
OTHER DISEASE :—						
Whole carcasses condemned.	—	2	7	11	38	5
Carcasses of which some part or organ was condemned..	—	1,559	805	3	2,584	137
Percentage	57.96	—	—	2.88	18.36	7.76

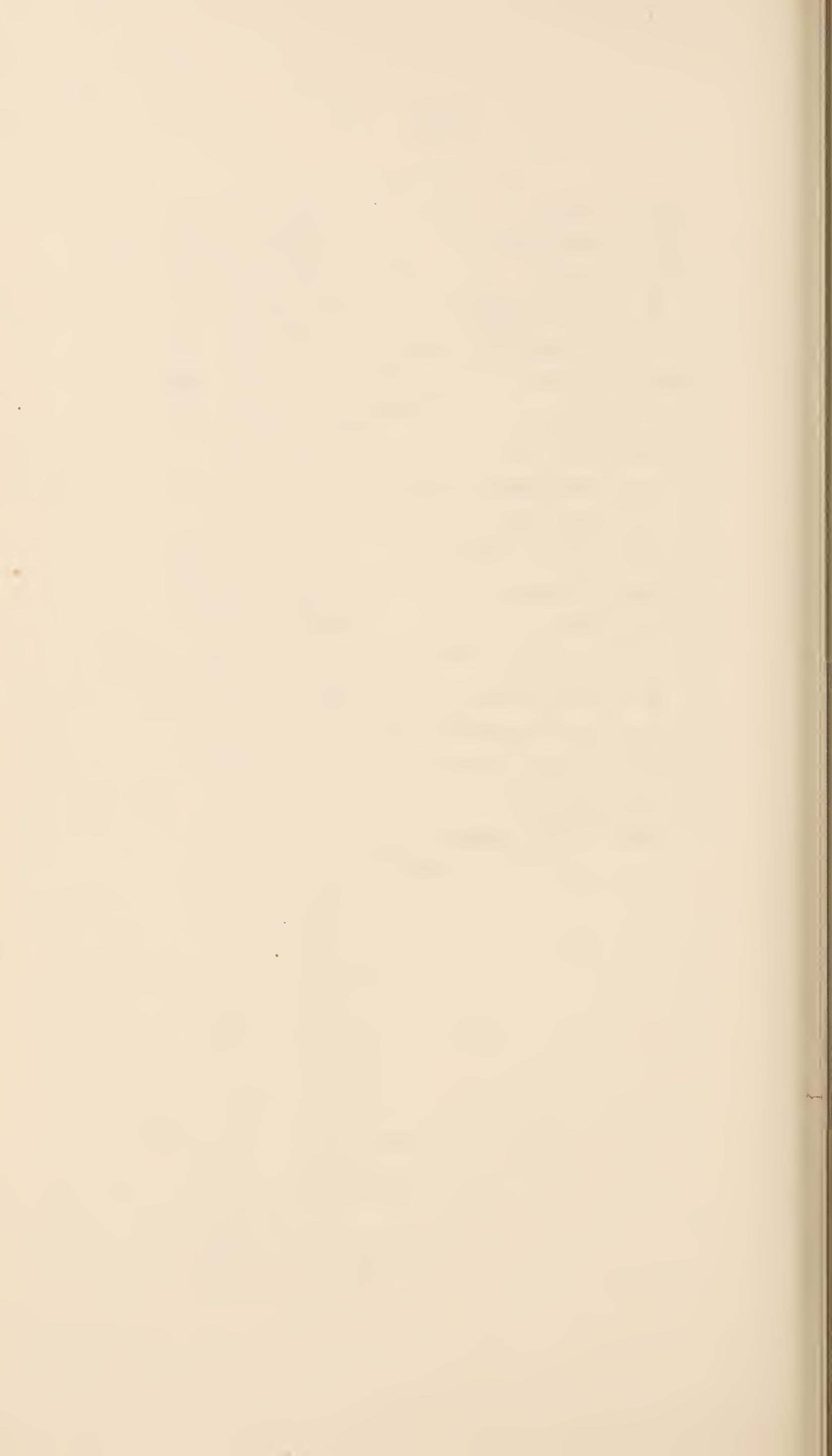
APPENDIX 16.

FOOD SURRENDERED AND DESTROYED.

1,258	tins of Meat.
5,408	tins of Vegetables, fruit, fish, etc.
395	tins of Milk.
42	tins of Coffee.
4	tins of Bournvita and Drinking Chocolate.
5	tins of Golden Syrup.
11	tins of Yeast.
1	tin of Lemon Barley Crystals.
5	tins of Baby Food.
2	tins of Peanut Butter.
6	tins (215 lbs.) of Frozen Whole Egg.
1	tin of Pudding.
4	tins of Synthetic Cream.
105	jars of Pickles and Chutney.
2	jars of Honey.
2	jars of Salad Cream.
1	jar of Calvesfoot Jelly.
1	jar of Whipping Cream.
3	jars of Bovril.
10	bottles of Coffee Essence.
93	bottles of Sauce and Vinegar.
1	bottle of Olive Oil.
1	bottle of Oxo.
1	bottle of Ginger Wine.
2	bottles of Fruit Squash.
1	bottle of Lucozade.
27	packets of Cornflakes.
2	packets of Shredded Wheat.
5	packets of Oats.
2	packets of Rusks.
2	packets of Crispbreads.
4	packets of Custard Powder.
4	packets of Jellies.
69	packets of Bun, Cake and Pudding Mixture.
30	packets of Coconut Macaroons.
40	packets of Wine Gums.
11	Australian and Danish Chickens.

- 66 Meat Pies.
- 90 Pork Pies.
- 115 Fish Cakes.
- 19 Large Cakes.
- 40 Swiss Rolls.
- 720 Small Chocolate Coated Jam Rolls.
- 1,664 Chocolate Teacakes.
- 896 Chocolate Marshmallows.
- 70 Chocolate Bars.
- 37 Toffee Bars.
- 120 Cartons of Milk Whipping Compound.
- 6 boxes of Tomatoes.
- 500 lbs. of Beef.
- 390 lbs. of Pork.
- 120 lbs. of Mutton.
- 43 lbs. of Brawn.
- 96 $\frac{3}{4}$ lbs. of Bacon.
- 10 lbs. of Cooked Ham.
- 8 lbs. of Jellied Veal.
- 30 lbs. of Pork Sausage Meat.
- 221 $\frac{1}{4}$ lbs. of Pork and Beef Sausage.
- 1 lb. of Pressed Beef.
- $\frac{1}{2}$ lb. of Polony.
- 79 lbs. and 91 packets of Cheese.
- 11 $\frac{1}{2}$ lbs. of Black Pudding.
- 68 $\frac{1}{4}$ lbs. of Butter.
- 18 lbs. of Flour.
- 3 lbs. of Sugar.
- 55 lbs. of Sultanas.
- 212 $\frac{1}{2}$ lbs. of Prunes.
- 13 $\frac{1}{2}$ lbs. of Currants.
- 20 lbs. of Raisins.
- 57 lbs. of Sultanas.
- 10 lbs. of Apricots.
- 6 lbs. of Apple Rings.
- 137 lbs. of Preserves.
- 17 lbs. of Mincemeat.
- 6 lbs. of Salt.
- 40 $\frac{1}{2}$ lbs. of Ground Rice.
- 31 $\frac{1}{2}$ lbs. of Biscuits.

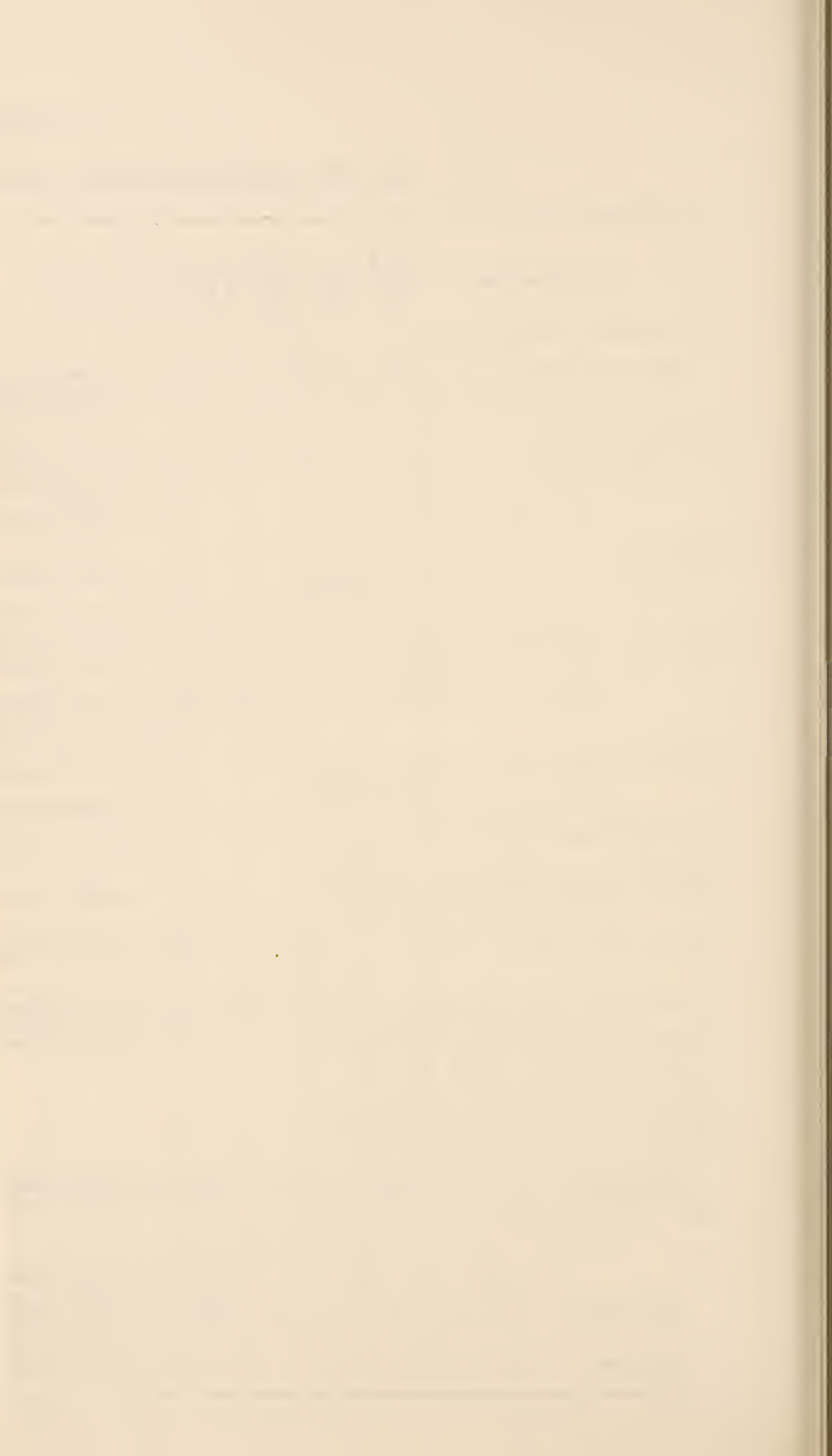
- 1½ lbs. of Dates.
- ½ lb. of Pure Coffee.
- 50½ lbs. of Sweets.
- 1 lb. of Chocolate Bars.
- 1 lb. of Nut Chocolate.
- 14 lbs. of Coconut.
- 26½ lbs. of Tapioca.
- 24 lbs. of Sago.
- 14 lbs. of Semolina.
- 56 lbs. of Macaroni.
- 26 lbs. of Vermicelli.
- 89 lbs. of Split Peas.
- 140 lbs. of Haricot Beans.
- 14 lbs. of Barley.
- 40 lbs. of Tamarinds.
- 30 lbs. of Chiles.
- 35 lbs. of Corriander Seed.
- 48 lbs. of Turmarick.
- 30 lbs. of Cummins Seed.
- 10 lbs. of Black Pepper.
- 20 lbs. of Cocum.
- 95 lbs. of Raw Fish.
- 10 lbs. of Prawns.
- 4 tons of French Beans.



APPENDIX 17.

SALE OF FOOD AND DRUGS, ACTS—ADULTERATED SAMPLES—ACTION TAKEN.

Article Purchased	Number Analysed	Formal Samples	Informal Samples	Number Genuine	Number Adulterated	No. of Sample	Nature of Adulteration	Remarks and Action Taken
Milk	99	25	74	80	19	768 776	Below standard in fat to extent of 5% Of genuine quality, but below standard in non-fatty solids.	Course of Delivery sample 776 taken. Subsequent informal samples genuine.
						778	Slightly below standard in fat.	Course of Delivery sample 790 taken—genuine.
						780 793 794 795	Slightly below standard in fat. Slightly below standard in fat.	Course of Delivery samples 793/4/5 taken. Subsequent informal samples genuine.
						781	Slightly below standard in fat.	Course of Delivery samples 791 and 792 taken— genuine.
						801	Deficient in fat content 8.4%.	Informal sample taken—genuine.
						833	Below standard in fat to extent of 5%.	Course of Delivery samples 844/5/6 taken. (844 and 846 genuine). Further sample 896 taken—genuine.
						845	Below standard in fat. Below standard in non-fatty solids. (Deficiency not due to addition of water).	
						850	Deficient in fat content 5%.	Course of Delivery samples 866 and 867 taken (867 genuine). Subsequent informal samples genuine.
						866	Deficient in fat content 6.6%.	
						851	Deficient in fat content 5%	Course of Delivery samples 863/4/5 taken (864 genuine). Average fat content above minimum standard. Milk bulked at dairy. Advised to distribute strippings throughout whole of milk.
						863 865	Deficient in fat content 3.3%.	
						852	Deficient in fat content 6.6%.	Course of Delivery samples 860/1/2 taken— genuine.
						872 882	Below standard. (Presence of extrane- ous water to extent of 5%). Deficient in fat content 5%.	Formal samples 882/3/4 taken. (883/4—genuine but below standard in non-fatty solids). Sample 890 taken—genuine, but below standard in non-fatty solids. Sample 900 taken— genuine. This farmer has produced milk of a low standard for a considerable period. The matter was referred to the County Milk Pro- duction Officer who carried out tests at the farm and advised the farmer on his methods and feeding.
Beef Sausage	20	2	18	17	3	770 796	Deficient in Meat Content 25%. Deficient in Meat Content 30%.	Formal sample 796 taken. Proceedings taken by Ministry of Food under the Meat Products and Canned Meat Order, 1948. Fined £5 and Costs £4 18s.
						797	Deficient in Meat Content 8%	Warning letter to Manufacturer.
Pork Sausage	13	1	12	11	2	772 859	Deficient in Meat Content 17%. Deficient in Meat Content 3%.	Informal Sample 859 taken. Formal Sample 868 taken—genuine.
Fish Cakes.....	5	1	4	4	1	763	Deficient in Fish Content 14.3%.	Sample 811 taken—genuine.

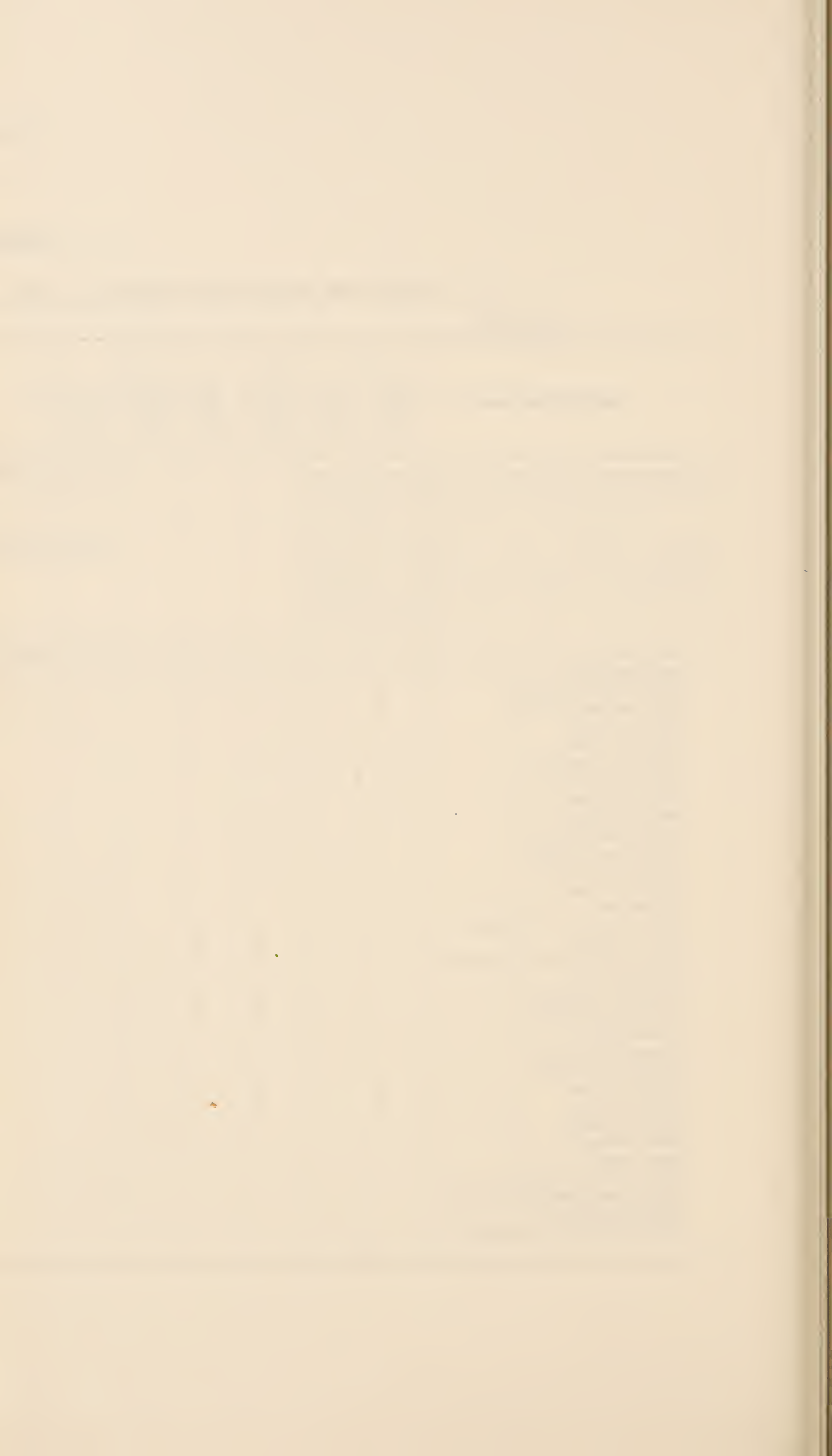


APPENDIX 18.

SALE OF FOOD AND DRUGS, ACTS—ADULTERATED SAMPLES—ACTION TAKEN.

continued.

Article Purchased	Number Analysed	Formal Samples	Informal Samples	Number Genuine	Number Adulterated	No. of Sample	Nature of Adulteration	Remarks and Action Taken
Ice-cream.....	8	6	2	6	2	829	Deficient in fat 11.2%.	Court proceedings—Ownership disputed. Successfully claimed that ownership was not in hands of individuals prosecuted. Case dismissed.
						836	Deficient in fat 18%.	Court proceedings. Case withdrawn. Manufacturer's portion of sample showed different result on analyses from portion submitted to Public Analyst. Third portion submitted also gave different result.
Meat Pies.....	2	—	2	2	—	—	Meat Pie contained potato and no meat.	Court Proceedings. Manufacturer fined £5.
Sausage Rolls	1	1	—	1	—	—	—	—
Meat Sandwich Paste	4	—	4	4	—	—	—	—
Fish Sandwich Paste	2	—	2	2	—	—	—	—
Dressed Crab.....	1	—	1	1	—	—	—	—
Xmas Pudding	1	—	1	1	—	—	—	—
Gelatine Powder.....	2	—	2	2	—	—	—	—
Lemon Table Jelly.....	1	—	1	1	—	—	—	—
Beef Dripping.....	1	—	1	1	—	—	—	—
Baking Powder.....	3	1	2	3	—	—	—	—
Marshmallow Cream	1	—	1	1	—	—	—	—
Ice-cream Powder	1	—	1	1	—	—	—	—
Saccharin Tablets.....	1	—	1	1	—	—	—	—
Aspirin Tablets.....	1	—	1	1	—	—	—	—
Glycerine.....	1	—	1	1	—	—	—	—
Oil of Peppermint Tablets	1	—	1	1	—	—	—	—
Fruit Cordials.....	2	—	2	2	—	—	—	—
Pepper Flavoured Compound	1	—	1	1	—	—	—	—
Potato Crisps	1	—	1	1	—	—	—	—
Bottled Pineapple	2	—	2	2	—	—	—	—
Dessicated Coconut	1	—	1	1	—	—	—	—
Ground Rice	1	—	1	1	—	—	—	—
Lemonade Powder.....	1	—	1	1	—	—	—	—
Meringue Powder.....	1	—	1	1	—	—	—	—
Cocktail Tonic	1	—	1	1	—	—	—	—
Fancy Cakes	2	—	2	2	—	—	—	—
Pease Pudding	1	—	1	1	—	—	—	—
Malt Vinegar.....	1	—	1	1	—	—	—	—
Pork Brawn	4	—	4	4	—	—	—	—
Beepee Pep Sweets	1	1	—	1	—	—	—	—
Coffee and Chicory Extracts ..	1	—	1	1	—	—	—	—
Fritter Mixture.....	1	—	1	1	—	—	—	—
Halibut Liver Oil Capsules....	1	—	1	1	—	—	—	—



APPENDIX 19.

NOTIFIED CASES OF INFECTIOUS DISEASE—1931-1952.

Disease	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chickenpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	164	91	189	467	375	177	180	221	82	48	73	249	155	121	131	88	228	88	72	74	72	79
Diphtheria (including membranous croup)...	48	21	73	100	203	248	114	128	109	62	79	103	53	86	60	24	36	18	9	8	2	3
Erysipelas	28	20	28	49	35	37	36	60	27	17	18	22	23	20	15	10	11	21	22	11	8	4
Enteric Fever	17	2	29	4	9	3	2	2	10	3	12	—	—	—	—	—	1	—	—	—	—	—
Puerperal Pyrexia	7	12	9	8	12	8	17	16	14	15	10	19	17	7	5	3	5	9	5	2	4	10
Puerperal Fever	1	2	3	2	15	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Cerebro-spinal meningitis.	2	11	10	4	1	2	—	2	1	19	17	9	4	4	6	4	7	12	5	6	11	4
Poliomyelitis.....	—	1	2	—	—	—	—	5	—	—	2	1	—	—	1	—	9	—	1	9	1	18
Pulmonary Tuberculosis..	100	83	84	74	76	104	111	66	79	86	95	97	94	120	87	97	102	129	81	113	80	74
Other Forms of Tuberculosis	67	88	61	50	49	50	38	31	30	28	38	38	24	25	24	28	24	22	11	11	16	6
Ophthalmia Neonatorum .	14	15	7	16	19	27	31	24	19	13	14	17	6	15	9	2	2	1	2	1	5	—
Measles	—	—	—	—	—	—	—	—	3	473	1590	513	960	543	231	627	408	327	749	407	973	718
Encephalitis Lethargica ..	1	2	1	1	—	—	1	4	—	—	1	—	—	1	—	—	2	1	—	—	—	—
Polioencephalitis	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Dysentery	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1	4	5	60	17	14
Malaria.....	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	1	—
Pneumonia	218	155	137	131	126	133	153	147	97	97	117	119	139	83	65	117	128	88	88	104	131	29
Acute encephalitis	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	4	4	287	22	39	60	30	13	18	102	138	57	101	38
Suspected Food Poisoning	—	—	—	—	—	—	—	—	1	—	—	—	2	—	—	2	—	—	6	2	9	4
Typhoid.....	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—

APPENDIX 20.

FACTORIES ACTS, 1937 AND 1948.

INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH
(INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS).

PREMISES (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Prosecutions (5)
Factories without mechanical power.....	114	39	13	—
Factories with mechanical power.....	215	53	1	—
Other Premises under the Act, including works of building and engineering con- struction but not including outworkers' premises	14	1	—	—
TOTAL.....	343	93	14	—

DEFECTS FOUND.

PARTICULARS (1)	Number of Defects				No. of cases in respect of which prose- cutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness	7	7	—	1	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	3	3	—	—	—
Sanitary Conveniences :—					
(a) Insufficient	3	—	—	3	—
(b) Unsuitable or defective . . .	3	3	—	3	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTALS	16	13	—	7	—

APPENDIX 21.

NOTIFIABLE DISEASES DURING THE YEAR—HOSPITAL CASES.

DISEASE	Total Cases Notified	No. of such cases treated in hospital
Scarlet Fever	79	9
Erysipelas	4	—
Diphtheria	3	2
Puerperal Pyrexia and Fever	10	7
Ophthalmia Neonatorum	—	—
Measles	718	4
Dysentery	14	1
Pneumonia	29	3
Whooping Cough	38	2
Meningitis	4	2
Poliomyelitis	18	16
Food Poisoning	4	1
Polioencephalitis	—	—

Disease	Hospital						Total
	Gr'n'tully Mat.Hme	Isolation Hospital	General Hospital	Cameron Hospital	H'pools. Hospital	Other Hospitals	
Scarlet Fever	—	7	—	—	—	2	9
Diphtheria	—	2	—	—	—	—	2
Erysipelas	—	—	—	—	—	—	—
Puerperal Pyrexia and Fever	2	1	3	—	1	—	7
Ophthalmia Neonat'm.	—	—	—	—	—	—	—
Measles	—	4	—	—	—	—	4
Pneumonia	—	1	2	—	—	—	3
Dysentery	—	1	—	—	—	—	1
Whooping Cough	—	2	—	—	—	—	2
Meningitis	—	2	—	—	—	—	2
Poliomyelitis	—	15	—	—	—	1	16
Food Poisoning	—	—	1	—	—	—	1
Polioencephalitis	—	—	—	—	—	—	—

Disease	Cases			Vision Impaired	Vision Un- impaired	Total Blind- ness	Deaths
	Notified	Treated					
		At Home	At Hospital				
Ophthalmia Neonatorum....	Nil	—	—	—	—	—	—

APPENDIX 22.

ALL NOTIFIED CASES OF TUBERCULOSIS, 1952.

AGE	Lungs			Abdomen			Meninges			Joints			Spine			Other Organs			Disseminated			All Forms		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Under 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
1 and under 2 .	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
2 " " " " "	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3 " " " " "	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4 " " " " "	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
5 " " " " "	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10 " " " " "	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15 " " " " "	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20 " " " " "	5	10	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25 " " " " "	6	11	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35 " " " " "	5	10	15	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45 " " " " "	3	1	4	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
55 " " " " "	7	1	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65 " " " " "	6	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65 and over . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	35	39	74	—	—	—	1	—	1	1	—	1	—	2	2	—	—	—	2	—	—	—	—	—

APPENDIX 23.

INFECTIOUS DISEASES—AGE GROUPS AND WARD DISTRIBUTION.

Disease	At all ages	Age Group Distribution										Ward Distribution of Cases										
		Age unknown	Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and up	North	West	Park	South West	South East	Central	North East	Seaton
Scarlet Fever	79	—	—	—	4	5	14	39	13	3	1	—	—	—	12	8	6	8	7	2	11	25
Erysipelas	4	—	—	—	—	—	—	—	—	—	1	1	—	2	—	—	3	—	—	—	—	—
Diphtheria	3	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	2	—	—	1	—
Puerperal Pyrexia and Fever	10	2	—	—	—	—	—	—	—	—	6	2	—	—	—	—	1	3	—	2	3	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	718	—	40	87	119	112	110	245	1	2	2	—	—	—	98	60	69	115	66	41	60	209
Pneumonia	29	1	2	2	1	1	2	2	—	2	3	1	4	8	5	1	3	2	4	2	1	11
Dysentery	14	—	3	2	3	—	2	1	—	—	—	—	3	—	4	1	—	2	4	1	—	2
Whooping Cough	38	—	1	5	14	7	5	5	1	—	—	—	—	—	12	3	1	7	—	—	6	9
Meningitis	4	—	—	—	—	—	1	2	—	—	1	—	—	—	1	1	—	—	1	—	—	1
Poliomyelitis	18	—	—	3	4	3	1	4	—	—	2	1	—	—	2	1	1	—	4	—	4	6
Food Poisoning	4	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	1	—	1	—	1	1
Tuberculosis (Respiratory)	74	—	—	1	1	—	—	6	1	15	31	5	14	—	12	9	5	9	5	13	8	13
Other Forms	6	—	1	1	—	1	—	—	—	1	2	—	—	—	3	—	—	—	2	—	—	1
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	1001	3	47	101	146	129	136	304	17	23	52	10	23	10	149	86	90	148	94	61	95	278

CARE OF CHILDREN.

(By Miss W. FICK, Children's Officer).

I am grateful to the Medical Officer of Health for allowing me this space in his report thereby enabling me to give a brief review of the work which has been carried out during the past year.

The Children Committee is responsible for the administration of three children's homes in the area. The first of these, Blakelock Children's Home, was taken over from the former Public Assistance Committee, and now accommodates 27 children over the age of 5 years. It was found necessary to provide a further children's home, and the Committee purchased a large detached house with ample grounds, on the outskirts of the town. This property was adapted, equipped and in use by December, 1949, and provided places for 16 children over the age of 5 years.

A further need arose for a Residential Nursery for children under the age of 5 years and an agreement was entered into with the Durham County Council, and Darlington County Borough Council to provide a nursery for 30 children, each authority having at its disposal one-third of the accommodation. Consequently in July, 1952 Hollymount Residential Nursery was opened, the management being undertaken by this authority.

The table of statistics which follows will show to some extent the volume of work during the year ended 30th November, 1952, but it does not altogether represent a true picture. It will be noted for instance under item 4 that 50 children, an increase of 17 over the 1951 figure, were taken into care during the period. In many other instances however, applications were subsequently withdrawn after enquiries had been made regarding relatives looking after the children.

A comparison of the figures for boarded-out children will show that there has been an increase of only one placing during the year. Whilst the need for more boarding out is realised, great difficulty is experienced in finding the right type of home for certain children. A further difficulty which has been found is that foster homes are often available for girls but are harder to find for boys. Not only do foster parents state a preference for a particular sex, but many of them insist upon certain age groups, and upon children who have no local contacts. In addition there is unfortunately, the nucleus for whom, because they are backward mentally, or because of their anti-social behaviour and habits, it is impossible to find foster parents.

In conclusion I would like to thank the Chairman and members of the Children Committee for their help and support during the year, and also the members of the Health Department Staff who have assisted me in the administrative and clerical work.

**Statistics relating to the Care of Children during the year ending
30th November, 1952, with comparative figures for 1951.**

	1952	1951
1. DESCRIPTION OF ACCOMMODATION PROVIDED FOR CHILDREN IN CARE DURING THE YEAR		
(i) Boarded-out :— in West Hartlepool	22	21
in other areas.. .. .	7	7
Totals	29	28
(ii) In Children's Homes :—Residential Nurseries	5	—
other children's homes	39	36
Totals	44	36
(iii) In residential accommodation for handicapped children :	3	3
(iv) In hostels	2	4
(v) In voluntary homes in other areas	12	9
(other than in items (iii) and (iv))		
(vi) In National Assistance Act accommodation	1	5
(vii) In employment :— living with relatives	2	4
boarded-out	4	3
residential	6	3
Totals	12	10
(viii) At home under supervision	—	2
Totals of items (i) to (viii)	103	97
2. AGE ANALYSIS OF CHILDREN UNDER ITEM 1		
(a) under the age of two	2	3
(b) attained the age of two but below school age	8	11
(c) attained school age	74	65
(d) over school leaving age	19	18
Totals	103	97
3. CASE ANALYSIS OF CHILDREN UNDER ITEM 1		
(i) short stay (less than 6 months)	12	9
(ii) long stay	62	56
(iii) committed to the care of the local authority	29	32
Totals	103	97
4. CIRCUMSTANCES CAUSING CHILDREN TO BE TAKEN INTO CARE DURING THE YEAR		
(a) committed to the care of the local authority	2	5
(b) other cases :—no parent or guardian	2	—
infirmity of parent or guardian	50	33
other circumstances.. .. .	14	16
Totals	68	54

Statistics relating to the Care of Children - *continued.*

	1951	1952
5. AGE ANALYSIS OF CHILDREN UNDER ITEM 4		
(a) under the age of two	26	12
(b) attained the age of two, but below school age ..	15	19
(c) attained school age	26	22
(d) over school leaving age	1	1
Totals	68	54
6. CIRCUMSTANCES CAUSING CHILDREN TO BE TAKEN OUT OF CARE DURING THE YEAR		
(i) care taken over by parent or guardian	56	50
(ii) adopted	1	1
(iii) attained the age of eighteen	4	4
(iv) other reasons	1	1
Totals	62	56
7. NUMBER OF CHILDREN REMAINING IN THE CARE OF THE LOCAL AUTHORITY AT 30th NOVEMBER		
(i) Boys	47	43
(ii) Girls.. .. .	56	54
Totals	103	97

